**College of Arts and Sciences Undergraduate Research and Scholarly Activity Grants**

**&**

**Norman and Carmelita Teeter Undergraduate Research Awards**

## Application Form

## (must be typed or word-processed; handwritten applications will not be considered)

**Application Deadlines: Fall Semester—September 22, 2017**

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major(s):  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s local address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Where award letter will be sent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Contribution: $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ CAS Undergraduate Research Grant only (funds requested) – Full application, including budget (Notification within three weeks of approved, fully-completed application)

\_\_\_\_ Norman and Carmelita Teeter Undergraduate Research Award only (funds not requested)– Application form + summary (Spring notification of awards)

\_\_\_\_ Both – CAS UGR Grant and Norman and Carmelita Teeter Undergraduate Research Award

**A summary of the project (word count of a minimum of 250 and maximum of 500 words)** in language, **understandable to those outside the discipline** must be provided by the student. Failure to do so will result in immediate rejection. Be sure to include goals and objectives, and a brief description of methods. Also, please include a justification of the use of requested funds. Much of the decision to fund or not your proposal will depend on you addressing the following in your proposal:

Is the budget table complete, free of errors, and has each item been clearly justified in the project summary?
Is the proposal technically sound (mechanics of writing, spelling/grammar errors)?
Is the content reasonable and does it provide a contribution to the discipline?

Is the proposal clearly written and are the procedures and hypotheses clearly stated?

Please provide: A letter of support from your faculty research supervisor/mentor and consult them for guidance as you produce your summary and supporting documents.

 Evidence of paper acceptance if requesting funds for conference travel.

All proposals will be reviewed and evaluated by the *College of Arts and Sciences Undergraduate Research and Scholarly Activity Grants Committee*. Following the committee review, you will receive a letter from the committee indicating one of the following: 1) Acceptable as is, 2) Revise and resubmit – minor changes, 3) Revise and resubmit – major revision. If you receive a rating of “2” or “3” you will be required to work with your supervisor/mentor to revise the proposal prior to receiving funding for the project.

**Budget** (please include a ***detailed*** and ***itemized*** budget; typed or word-processed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Description (*Be specific)* | Funds requested from CAS | Cost Sharing(funds provided by dept., etc) | Total |
| Supplies |  |  |  |  |
| Travel |  |  |  |  |
| Contractual |  |  |  |  |
| Other (Explain) |  |  |  |  |
| Total |  | (Not to exceed $300) |  |  |

1. Are you requesting support for this project from any source? If yes, give name of unit or granting agency and amount of support requested.

2. Are you receiving support for this project from any unit or granting agency? If yes, give name of unit and amount of support.

3. Are you in the Illinois Centennial Honors College?

4. Do you have approval from the WIU Institutional Review Board (IRB) or Institutional Animal Care and Use

 Committee (IACUC) to conduct this project (if needed)?

Signatures and dates:

Dept. Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_