Sheila Van Zandt Student Research Experience Scholarship
Application Form

1. **STUDENT NAME:** ____________________________________________
   
   **Major:** ____________________________________________
   
   **Phone:** ___________________________ **Email:** ___________________________
   
   **Expected Date of Graduation (m/yy):** __________ **Current GPA:** ______________

2. **GRADUATE STUDENT NAME:** ____________________________________________

3. **FACULTY PROJECT ADVISOR:** ____________________________________________

4. **PROJECT TITLE:** ____________________________________________

5. **BUDGET (UP TO $1,800):**
   
   Student Wages (calculate at rate $__/hr x __ hrs) ____________________________ $ __
   
   Travel Expenses (justification) ____________________________ $ __
   
   Supplies, Equipment Rentals and Expendables ____________________________ $ __
   
   Other (justification) ____________________________ $ __
   
   TOTAL Budget Request ____________________________ $ __

6. **REGULATORY COMPLIANCE:** Due to the regulatory compliance requirements inherent in research it is the responsibility of the FACULTY PROJECT ADVISOR to submit the proper forms and receive approval from the appropriate compliance committee(s) **PRIOR** to the initiation of the research project with sufficient time to allow for the review process. Signature below indicates compliance with this requirement.

7. **SIGNATURES:** *(ALL signatures REQUIRED)*
   
   I (the students) give Oregon State University permission to use my name, proposal, final report, photos and a summary and/or excerpts of it, for the OSU website and/or other publications for the sole purpose of sharing information about research and scholarship for students (see http://oregonstate.edu/research/incentive/urisc.htm#Other).

   Undergraduate Student Signature ____________________________ **Date**

   Graduate Student Signature ____________________________ **Date**

   Faculty Project Advisor Signature ____________________________ **Date**