

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