

UNDERGRADUATE RESEARCH/SCHOLARLY ACTIVITY GRANT APPLICATION

MENTOR APPLICANT INFORMATION

Mentor's position at SUU: faculty administrator professional staff other _____

Name:	Department:	College:
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Office phone:	E-mail:	Fax:
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FUNDING REQUEST: INFORMATION

Complete this section if mentoring undergraduate student(s) at a conference, meeting, or exhibition

Title of student(s) presentation:

Name(s) of student(s) making the presentation:

Format of presentation (oral, poster, exhibit, etc):

(If there are multiple presentations, please include them as an appendix, supplying the same information as in the section above)

Type of Conference (international, national, regional etc):

Name of conference/meeting/exhibition:

Location:

Date:

Complete this section if attending a "how to" conference/workshop/seminar on undergraduate research/scholarship

Title of workshop/seminar:

Abstract/description of workshop/seminar:

(If you will be attending multiple workshops/seminars, please include them as an appendix, supplying the same information as in the section above)

Name of conference/meeting:

Location:

Date:

Complete this section if you will personally incur expenses necessary for students you are mentoring to conduct/complete their project

Descriptive title of student(s) project:

Reason for the project: course activity extracurricular

Through which of the following venues will the results of the project be disseminated? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> in class | <input type="checkbox"/> at a regional conference/meeting |
| <input type="checkbox"/> at departmental symposium | <input type="checkbox"/> at a national conference/meeting |
| <input type="checkbox"/> at annual student-faculty scholarship day | <input type="checkbox"/> at an international conference/meeting |
| <input type="checkbox"/> at a local conference/meeting | <input type="checkbox"/> other (explain)_____ |

If successful, will the project be submitted for publication? yes no

If yes, indicate: on campus publication
 off campus publication, specifically _____

Explain the nature of your personal (out-of-pocket) expenses and why they are absolutely necessary for students to successfully conduct or complete the project.

BUDGET

In the space below, itemize everything you are seeking funds for. If requesting travel funds, indicate the departure and return dates.

SIGNATURES

By signing below, I agree to assume responsibility for the following:

1. Except for awards used to exclusively fund attendance at a "how to" conference/workshop/seminar on undergraduate research/scholarship: insure that students present the results of their project (whether completed or not) at this year's annual Student-Faculty Scholarship Day.
2. Insuring that funds are spent as stipulated.
3. Insuring that all expenditures are adequately documented and submitted to the director of the Undergraduate Research and Scholarship Program.
4. Insuring that the expenses itemized in the budget are/will not be covered by any other SUU funds or account.

Mentor's signature:

Date:

By signing below, I understand that the individual named on this grant application is applying for funds to either:

mentor one or more of his/her students as they disseminate the results of an undergraduate research/scholarship project, or

Attend a workshop/seminar on how to initiate, maintain, and/mentor undergraduate research/scholarship, or

Be reimbursed for personal out-of-pocket expenses necessary for their students to complete their project

Department Chair's signature:

Date:

- In the event the department head or chair is the mentor named on this application, this form must be signed by the dean of the department head or chair's college.