

APPLICATION: REQUEST FOR FUNDING



THE STUDENT RESEARCH COUNCIL MAY PROVIDE FINANCIAL ASSISTANCE TO STUDENTS WHO WANT TO ATTEND CONFERENCES, WORKSHOPS, OR OTHER ACTIVITIES RELATED TO THEIR SCHOLARLY ENDEAVORS. MAXIMUM FUNDING IS \$300. APPLICATIONS ARE DUE MARCH 18, 2011 AT 4:00 P.M. TO THE OFFICE OF RESEARCH AND SPONSORED PROGRAMS IN MSR 250.

| | | | | | |
|------|--|-------------|--|-------|--|
| Term | | Grade Level | | Major | |
|------|--|-------------|--|-------|--|

| | | | |
|----------------|--------|--------------|--------|
| Name: | | | |
| | Last | First | Middle |
| Address | | | |
| | Street | City, State | ZIP |
| Phone Number | | | |
| | Home | Work | E-mail |
| Faculty Mentor | | | |
| | Name | Phone Number | |

INCLUDE THE FOLLOWING INFORMATION:

- 1) ATTACH TITLE AND ABSTRACT OF PROPOSED ACTIVITY (NOT TO EXCEED 300 WORDS).
- 2) EXPLAIN HOW ACTIVITY RELATES TO DISCIPLINE/MAJOR AND HOW ATTENDING WILL FURTHER CAREER GOALS (NOT TO EXCEED 300 WORDS).
- 3) ATTACH PROPOSED BUDGET FOR ACTIVITY.

SEND APPLICATION TO: OFFICE OF RESEARCH AND SPONSORED PROGRAMS
MSR 250
(209) 667-3493

CONTACT: **HEATHER ADAMS**
RESEARCH AND SPONSORED PROGRAMS
E-MAIL: HADAMS@CSUSTAN.EDU

VERIFICATION: BY SIGNING BELOW, THE APPLICANT STATES THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE TO BEST OF HIS/HER KNOWLEDGE.

APPLICANT _____ DATE _____
FACULTY MENTOR _____ DATE _____

| FOR OFFICE USE ONLY | |
|---|----------------------------------|
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> | |
| IF DENIED, REASON: | PRESIDENT'S SIGNATURE DATE |
| | BUDGET OFFICIAL'S SIGNATURE DATE |