**THE OHIO STATE UNIVERSITY AT NEWARK**

***STUDENT RESEARCH GRANT* *APPLICATION FORM***

***DEADLINE For Conference travel: Applications should be submitted no later than five weeks prior to the conference, or at least three weeks prior to the deadline for early registration (whichever comes sooner).***

***Deadline for all other research activities: Applications will be reviewed on a rolling basis, but should be submitted at least one month before the funds are needed.***

If you are interested in applying for funding, please download and complete this application form. Completed forms should be saved with the file name format “YOURLASTNAME\_SRG\_(insert Month and Year here).doc” and must be submitted to the Chair of the Student Matters Committee, Dr. Jennifer Kowalsky at kowalsky.9@osu.edu.  Hard-copy, paper submissions are no longer accepted.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information**  In the case of multiple applicants on a single project, the person named here will be the contact person for all correspondence and will be responsible for managing the grant. All other applicants should complete the “Additional Applicant” section at the end of this form. If you need additional space, please contact the Chair of the Student Matters Committee. | | | | | | | | | |
| (\*indicates a required field)  \*Name:   |  |  |  | | --- | --- | --- | |  |  |  |   (last) (first) | | | | | | | OSU ID # (*Not SSN*):   |  | | --- | |  | | | |
| \*Home Address: | |  | | --- | |  |   Street or PO Box   |  |  |  | | --- | --- | --- | |  |  |  |   City State Zip | | | | | | | | |
| \*Phone Number: | |  | | --- | |  | | | | | | | | | |
| \*OSU Email: | |  | | --- | |  | | | | | | | | | |
| \*Major: | |  | | --- | |  | | | | | | | | | |
| \*Total Credit Hours:   |  | | --- | |  | | | |  | | | Anticipated Graduation Date:   |  | | --- | |  | | | | |
| \*How many credits are you currently taking at OSUN? \_\_\_\_\_  \*Will you be enrolled full time at OSUN for the remainder of the academic year? | | | | | | | | |  | | --- | |  | | |
| What other universities have you attended? | | | | | |  | | --- | |  | |  | | | | | |
| **Project Information** | | | | | | | | | |
| \*Project Title: | | |  | | --- | |  | | | | | | | | |
| \*Project Advisor: | | |  | | --- | |  | | | | | | | | |
| \*Advisor Email: | | |  | | --- | |  | | | | | | | | |
| \*Department: | | |  | | --- | |  | | | | | | | | |
| \*Total funding amount requested in this proposal (not to exceed $1500): | | | | |  | | --- | |  | | | | | | |
| \*Please list any other funding opportunities for which you have applied. Please include the name(s) of the organization(s) and requested amounts. | | | | |  | | --- | |  | | | | | | |
| \*Please list any other project funding you have received. Please include the name(s) of the organization(s) and award amounts. | | | | |  | | --- | |  | | | | | | |
| **Proposal Text** | | | | | | | | |
| Students should prepare a non-technical proposal of 1000 words or less which includes the following information:   * Statement of the purpose of the project that includes a project description and the student’s objective in undertaking the proposed project (i.e., what the student wishes to gain from this experience). * Brief detail of work previously accomplished on this project, if applicable. * The significance of this project to the student and their overall academic experience. * A projected timeline for completion of the project. Funds should normally be expended by the end of the current fiscal year (June 30), however an extension may be granted in some circumstances (please contact Chair of the Student Matters Committee). | | | | | | | | |
| Please prepare your proposal either as a separate document and paste the text in the space provided on the following page or type directly in the text box. The text box will automatically resize if needed. | | | | | | | | |

|  |  |
| --- | --- |
| |  | | --- | |  | |

|  |
| --- |
| **Proposal Budget** |
| Please include an itemized budget. Applications will not be considered without a budget and brief budget justification. Please be as specific as possible and include only those items which directly pertain to your project. If you need additional space, please attach a separate page. Your budget should include the following:   * An item-by-item breakdown of how you plan to spend this money. * The total amount you are requesting (not to exceed $1500.00). * A brief budget justification not to exceed 250 words that further describes and/or explains specific line items. |
| |  |  | | --- | --- | | Brief Description of Items | Amount | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
| Please prepare your budget justification as a separate document and paste the text in the space below. |
| |  | | --- | |  | |

**FACULTY SPONSOR RECOMMENDATION**

***OSUN STUDENT RESEARCH GRANT***

The Faculty Sponsor Recommendation Letter must be submitted to complete the application. Project advisors should write a recommendation letter of no more than one page on official letterhead which addresses the following questions:

1. 1) What is the significance of the proposed project for the student(s)?
2. 2) How well prepared is/are the student(s) to undertake the project? What research methods will he/she be using and does he/she have the necessary training to apply those methods.
3. 3) Are you willing to commit yourself to, and does your schedule permit, supervision of the project throughout the proposed time period?
4. 4) Is the student’s proposed budget sensible and justified by the project?
5. 5) If the student(s) has previously received funding for this project, please address such details as: what was supported by that funding, how well has the project progressed, and why additional funding is needed to complete the project.
6. 6) Any additional comments.

The Faculty Sponsor Recommendation Letter should be emailed to the Chair of the Student Matters Committee, Dr. Jennifer Kowalsky at kowalsky.9@osu.edu.

CONTACT INFORMATION:

·Name: Dr. Jennifer Kowalsky

·Email: kowalsky.9@osu.edu

·Address: The Ohio State University at Newark | 1179 University Drive | Newark, Ohio 43055

**CHECKLIST OF MATERIALS**

*Your application must be complete in order to be considered for funding!*

Application Form (including Proposal and Itemized Budget)

Advisor Recommendation Letter Requested

Email your completed application to Dr. Jennifer Kowalsky at kowalsky.9@osu.edu (your advisor recommendation letter may be sent separately)

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Applicant** | | | |
| Name:   |  |  |  | | --- | --- | --- | |  |  |  |   (last) (first) (middle) | | | OSU ID Number:   |  | | --- | |  | |
| OSU Email: | |  | | --- | |  | | | |
| Major: | |  | | --- | |  | | | |
|  | |  | |
| **Additional Applicant** | | | |
| Name:   |  |  |  | | --- | --- | --- | |  |  |  |   (last) (first) (middle) | | | OSU ID Number:   |  | | --- | |  | |
| OSU Email: | |  | | --- | |  | | | |
| Major: | |  | | --- | |  | | | |
|  | |  | |
| **Additional Applicant** | | | |
| Name:   |  |  |  | | --- | --- | --- | |  |  |  |   (last) (first) (middle) | | | OSU ID Number:   |  | | --- | |  | |
| OSU Email: | |  | | --- | |  | | | |
| Major: | |  | | --- | |  | | | |
|  | |  | |
| **Additional Applicant** | | | |
| Name:   |  |  |  | | --- | --- | --- | |  |  |  |   (last) (first) (middle) | | | OSU ID Number:   |  | | --- | |  | |
| OSU Email: | |  | | --- | |  | | | |
| Major: | |  | | --- | |  | | | |