**COAS Student Research Project Funding Application**

**2017-2018 Application Deadlines: November 1; March 1; June 1**

**PLEASE PRINT Legibility or Type Form**

**This two page application must be filled out completely**

**(Including notes on page two read and initialed)**

Submission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current **LOCAL** Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if **NO LOCAL** mailing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year at UNA: \_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_Graduate Student

Expected Graduation Date\_\_\_\_\_\_\_\_

**Please attach a supplemental document that includes a description of the research project and why funds are being requested, timeframe for project completion, and a detailed budget.**

Amount You Are Requesting: \_\_$50 \_\_$100 \_\_$150 \_\_$200; Other Amount (please specify) $\_\_\_\_\_\_\_\_

Is your Department Contributing to Your Funding? No\_\_\_ Yes \_\_\_ Amount \_\_\_\_\_\_\_\_\_

Did you request funds from UNA’s Quality Enhancement Plan (QEP) to support your research? No\_\_\_ Yes \_\_\_ Amount \_\_\_\_\_\_\_\_\_

Did you request funds from SGA’s RSO student allocation funds to support your research? No\_\_\_ Yes \_\_\_ Amount \_\_\_\_\_\_\_\_\_

List Any Additional Sources (including scholarships/grants) and Amounts of Funding You Received or May Receive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Applied for Funding from The College of Arts and Sciences Before? \_\_\_No \_\_\_Yes

If Yes, When and What Type of Funding Did You Apply For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE initial below stating you have read the following.**

\*\*If you are unable to participate in your Research Project, you MUST notify The College of Arts and Sciences. The student will not receive the awarded monies. If awarded monies have already been distributed, the student will be responsible for returning the funds. \_\_\_\_

**PLEASE initial below stating you have the following items attached BEFORE submitting your application**

\*\*Detailed Budget is included in supplemental document \_\_\_\_

\*\*Timeframe for project completion is included in supplemental document \_\_\_\_

\*\*Detailed description of the research project and why funding is being requested is included in supplemental document\_\_\_\_

\*\*I understand this money is for educational research use only\_\_\_\_

\*\*OK to send email notification of awarded monies\_\_\_\_

Please contact The College of Arts and Sciences Dean’s Office, at (256) 765-4288, or [artsandsciences@una.edu](mailto:artsandsciences@una.edu) if you have any additional questions regarding the application process. Applications must be submitted via email to [artsandsciences@una.edu](mailto:artsandsciences@una.edu)

Dean’s Office Only

Approved \_\_\_ Not Approved\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_