

**Arkansas Academy of Science**

**Undergraduate Research Funding Application**

**202\_**

**Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | | | Middle Initial |
| Major | | | Expected Graduation Date1 | |
| Mailing Address (line 1) | | | | |
| Mailing Address (line 2) | | | | |
| City | State | ZIP code | | |
| Preferred e-mail address | Phone Number | | | |

1 Funding will be for the next academic year, so current seniors are not eligible.

The information contained in this application is, to the best of my knowledge, accurate and complete. I understand that if I am awarded funding through this program, I will be expected to present the work resulting from this project at the next annual meeting of the Arkansas Academy of Science.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

Send the completed application electronically to the following address:

Stephen Addison (saddison@uca.edu, use SUBJECT: Arkansas Academy of Science URA)

**All applications must be submitted no later than March 15, each year to guarantee consideration.** Final funding decisions will be made by the AAS Executive Committee and announced at the annual AAS meeting in April.

Questions? Contact Dr. Stephen Addison at (501) 450-5083.

**Faculty Sponsor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | | Middle Initial |
| Title | Department | | |
| Mailing Address (line 1) | | | |
| Mailing Address (line 2) | | | |
| City | State | ZIP code | |
| Preferred e-mail address | Phone Number | | |
| AAS membership status2 | | | |

2 The faculty sponsor must be a current member of the Arkansas Academy of Science for this application to receive consideration. See http://www.arkansasacademyofscience.org/ for details about joining.

The information contained in this application is, to the best of my knowledge, accurate and complete.

I believe that the work described in this application can reasonably be completed by this student during the next 12 months, and I agree to supervise the work. I understand that if the student is awarded funding through this program, we will be expected to present the work resulting from this project at the next annual meeting of the Arkansas Academy of Science, and that no part of this funding may be used to pay for salaries, wages, or to support travel that is not essential to completing the project, student stipends are allowable.

I agree to obtain any IRB, IACUC, Radiation Safety, or any other appropriate and necessary approval before any work requiring such authorization is undertaken.

I also agree to provide a brief expense report to the Treasurer of AAS no later than the annual meeting following the year in which the award was announced. Any unused funds remaining in the account on May 15 of the year following the meeting at which the award was announced will be returned to the Arkansas Academy of Science.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature Date

**Institutional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Chief Financial Officer’s Full Name | | | |
| Title | | | |
| Mailing Address (line 1) | | | |
| Mailing Address (line 2) | | | |
| City | State | | ZIP code |
| Preferred e-mail address | | Phone Number | |

If this application is funded, I understand that the funds will be sent directly to the institution and will be placed in an account for use by the student and faculty sponsor in support of the work described in this application. I understand that these funds may not be used for any institutional indirect costs or overhead. Any unused funds remaining in the account on May 15, in the year after the award is made will be returned to the Arkansas Academy of Science.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Financial Officer signature Date

**Project Title**

Please provide a title for your project

**Project Funding**

Please describe in the space below any current or pending funds available for use on the project proposed in this application.

**Budget Estimate**

Funding amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($1,500 maximum)

In the space below, please provide a likely scenario for how the funding will be used. You are NOT committed to this budget, but this information will be helpful in determining which applications are funded. The committee reserves the right to make adjustments to the budget.

**Description of Proposed Work**

In the space below (or on separate attached pages) please provide a summary of the proposed work. This summary should be authored by the student applying for funding in consultation with the faculty sponsor. The summary should be no more than 750 words, excluding references and figures. The summary should provide a clear explanation of the work to be performed and its significance.

If the work involves human subjects, then a statement that IRB approval will be obtained before any work begins will be required. If the work involves vertebrates, then a statement that IACUC approval will be obtained before any work begins will be required. If the work involves ionizing radiation, then a statement that the approval of the Radiation Safety Committee will be obtained before any work begins will be required. Ideally, you will certify that the planned work is covered by existing authorizations, or that you have submitted the paperwork to obtain appropriate authorizations when the proposal is submitted.

**Description of Proposed Work (continued from previous page)**