

University of Central Missouri
Undergraduate Scholars Grant Application Form

**Attach a 500 word description of your research/creative project to this coversheet*

**An Undergraduate Scholars Grant Budget and Justification Form also must be completed and submitted with your application.*

**Type all information and submit a hard copy to the Coordinator of Undergraduate Research, WDE 1900.*

Name: Mr. ___ Ms. ___
First MI Last

Student # 7 _____ Email _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Graduation Semester _____ Year _____

Major(s) _____ Minor(s) _____

Faculty Sponsor Title _____ First Name _____ Last Name _____

Faculty Sponsor Department _____ Campus Address _____

Faculty Sponsor Email _____ Phone _____

Title of Research Project _____

Total Amount of Funds Requested _____ Date Funding Needed _____

Will your project involve Human or Animal Subjects? YES NO
(Human: <https://www.ucmo.edu/osp/irb.cfm>) (Animal: <https://www.ucmo.edu/osp/iacuc.cfm>)

If yes, what is the status of your application with the IRB or the IACUC?

Approved

Pending Approval

Denied

Student Signature _____ Date _____

Note to Student: If more than one student works on this project, a principle investigator (PI) must be identified. Grant recipients should inform Undergraduate Research if the research/creative project has been cancelled or significantly altered. This notification allows for the reallocation of funds if necessary. Students cannot disseminate grant awards to other students or faculty. *The Coordinator of Undergraduate Research and the Vice Provost for Academic Programs and Services will give final approval to all grant applications.*

APPROVAL SIGNATURES

Faculty Sponsor _____ Date _____

Coordinator of UR _____ Date _____

Amount Approved _____ Amount Denied _____ FY _____ Budget Request # _____

Vice Provost for AP&S _____ Date _____