

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | gsresearchgrant@wku.edu

Graduate Student Research Grant and Travel Support Application Form

Name _		First	WKU ID #
	Last	First	M/I
E-mail _			Expected Date of Completion
Departr	nent		Advisor
		earch support, does this project Subjects (IRB) approval? Yes □	No □ If yes, please provide Human Subjects Reference #
By provi	ding my i	initials, I certify my understanding of the f	ollowing: Any expenses incurred prior to receiving a grant are ineligible for
reimburs	sement (a	and are my own responsibility).	
For stu	dents re	equesting Research OR Research ar	d Travel funds:
Reques Please	t for Grasubmit the Formal a. b. c. d. e. Resear a. b. c. d.	ant of Funds in the Amount of \$	(Maximum \$2,000). h your application (see website for additional instructions): re details other than those listed below) st per unit, total cost) avel policy. bjects e applicant needs to note exact amounts/sources of cost share.)
5.	Statem been pl Letter o	lagiarized. of endorsement of the research project o	ertifying that no documents included in the research grant proposal have or creative activity from the advisor. B), IACUC, or IBC approval letter (if applicable)
Reques Please	ts for Gr submit th Formal a. b. c.		

- e. Cost sharing (if there is cost-share, the applicant needs to note exact amounts/sources of cost share)
- 2. Presentation Details
 - a. Abstract
 - b. Conference details (Name and Location)
 - c. Statement describing developmental activities and how participation supports the future goals of the student
- 3. One-page student Bio (CV/Resume)
- 4. Plagiarism statement

Note, for students only requesting travel funds, you do not need to submit a letter of endorsement or an IRB approval letter.

ALL APPLICATION MATERIALS ARE TO BE SUBMITTED BY THE DEADLINE TO asresearchgrant@wku.edu. Any application that does not contain all necessary materials will be returned to the student. Only completed applications submitted by the deadline will be considered.

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List previous Graduate Student Research Grants if applicable (date and amount)					
Student Signature	Date	_			
This student research proposal has been appro	oved and is consistent with research expectations in the discipline.				
Advisor Signature	Date				
Department Head Signature	Date				
College Dean Signature	Date				



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Graduate Student Research Grant and Travel Support Application Form Additional Students Contributing to this Project

Did any other students contribute to this project? Yes \square	No □
If yes, please indicate below:	
Name:	
Department:	
Name:	
Department:	
Name:	
Department:	Advisor:
Name:	
Name:	
Name:	
Department:	Advisor: