

Graduate Student Research Grant Proposal Application

Name _____ WKU ID # _____
Last First M/M

Email _____ Expected Date of Completion _____

Department _____ Advisor _____

Does this project require IRB approval? Yes _____ No _____ If yes, please provide IRB Reference #: _____

By providing my initials, I certify my understanding of the following: *Any expenses incurred prior to receiving a grant are ineligible for reimbursement (and are my own responsibility).* _____

Request for Grant of Funds in the Amount of \$_____ (Minimum \$500, Maximum \$3000).

Please submit the following **REQUIRED** documents with your application:

1. Formal Budget Form
 - a. Salaries (secretarial help, etc.)
 - b. Supplies (Item, quantity, cost per unit, total cost)
 - c. Data (microfilm-reports, studies, etc. and computer time)
 - d. Travel (for purposes of conducting research only)
 - e. Cost sharing (sources of funding or support from other sources)
2. Research Proposal
 - a. Title of Proposed Project
 - b. Purpose of the Study
 - c. Design of the Study
 - d. Intended Use of Results and Possible Application of Results
3. Student Bio (CV/Resume)
4. Statement from the student and the advisor certifying that no documents included in the research grant proposal have been plagiarized. Student and advisor must sign and date this statement
5. **ALL APPLICATION MATERIALS ARE TO BE SUBMITTED TO gsresearchgrant@wku.edu.**

List previous Graduate Student Research Grants (date and amount)

Student Signature _____ Date _____

This student research proposal has been approved and is consistent with research expectations in the discipline.

Advisor Signature _____ Date _____

Department Head Signature _____ Date _____

College Dean Signature _____ Date _____

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Additional Students Contributing to this Project

Did any other students contribute to this project? Yes ___ No ___ If yes, please indicate below:

Name: _____

Department: _____ Advisor: _____

Name: _____

Department: _____ Advisor: _____

Name: _____

Department: _____ Advisor: _____

Name: _____

Department: _____ Advisor: _____

Name: _____

Department: _____ Advisor: _____