

FINAL CHECKLIST

College of Science and Health

TRAVEL & SUPPLIES GRANTS FOR STUDENT RESEARCHERS

Before submitting your application, please use the following checklist to ensure that it conforms to our instructions and program guidelines. Applications that do not conform will be returned to the principal student author for correction. This could result in lengthy delays before consideration and evaluation of your proposal. If you have any questions, please contact the [Committee Chair](#) for clarification.

TYPE A - SUPPLIES

- Application Cover Sheet (with Principal Student Author and Faculty Mentor signatures).
- Abstract (\leq 300 words).
- Narrative (\leq 3 pages, double-spaced, one inch margins, 12 point type).
- Itemized Supplies Budget Sheet (**total request for a proposal shall not exceed \$500 per student/team**).
- Bibliography.
- Faculty endorsement (\leq 2 pages, single-spaced, one inch margins, 12 point type).
- Faculty mentor must check each student's eligibility for a grant award (undergraduate currently enrolled as a full-time student at UW-L with a cumulative GPA $>$ 2.5 and majoring in one of the Science and Health disciplines).
- Email applications to the csh@uwlax.edu.

Students who are awarded a Supplies grant will be required to present the results of their research at the UW-L Undergraduate Research Symposium of the awarding year. Graduating seniors unable to return to present their research may arrange for their work to be presented by their faculty mentor, or a student continuing the project.

Students may apply for up to \$1,000 per academic year (\$500 Supplies and \$500 Travel) and up to \$500 per summer (Supplies or Travel). Total grants to a faculty mentor (research group) are limited to \$1,500/year for supplies and \$2,000/year for travel.

UNIVERSITY OF WISCONSIN - LA CROSSE
COLLEGE OF SCIENCE AND HEALTH

TRAVEL & SUPPLIES GRANTS
For Student Researchers

Date: _____ **Total funds requested** \$ _____

Term for which funds are requested: 20 Fall Type of Grant: _____
 20 Spring **Type A: Supplies** _____
 20 Summer **Type B: Travel** _____

Project Title _____

Conference Title (Travel Grants): _____

Destination/Dates of travel: _____

Principle Student Author:

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Other Student Authors:

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Faculty mentor 1:

Name: _____ Department: _____
Signature: _____ E-mail address: _____

Faculty mentor 2:

Name: _____ Department: _____
Signature: _____ E-mail address: _____

(For office use only)

Eligibility check for students:

	1	2	3
Enrolled?	_____	_____	_____
SAH major	_____	_____	_____
GPA > 2.5	_____	_____	_____
Previous reports on file	_____	_____	_____

Committee action:

Approval: _____ Denial: _____ Date: _____ Amount: _____

Dean's action:

Approval: _____ Denial: _____ Date: _____

UW-L CSH
TRAVEL AND SUPPLIES GRANTS FOR STUDENTS

SUPPLIES GRANT APPLICATION
Budget Form

Name: _____

Project Title _____

Advisor: _____

Department: _____

Itemized list of required supplies :

Item	Quantity	Unit Cost	Total Cost
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____
_____	_____ x	_____	= \$ _____

Total Cost: \$ _____

Please explain any unusual costs or circumstances. If the total cost is greater than \$500, indicate where the balance of the funding will come from (your host department, advisor, yourself, etc.).