**WiSE Research Award Application**

Department of Psychology, Appalachian State University

**Fill out the application and submit your completed application as an email attachment to Dr. Mark Zrull (****zrullmc@appstate.edu****).**

To be considered, **an application and supporting material must be returned to Dr. Mark Zrull** (zrullmc@appstate.edu) by the date/time deadline at <https://psych.appstate.edu/students/scholarships>.

Note that the required attachments are in the last section of the application (see **IMPORTANT!** on p. 2).

**Instructions.**

Please realize that there may be limits in our ability to honor particular requests during 2021-2022. ***Please remember that you must comply with all Department, College, and University requirements for research (e.g., COVID plan, etc.).*** Please provide the requested information in the shaded box after each prompt: e.g., for the “Name:” prompt, I would respond, “Mark Zrull”, in the shaded box. For questions, please answer by highlighting or bolding the appropriate response: e.g., “Yes No”, or “**Yes** No”.

**About you.**

|  |  |
| --- | --- |
| Name:  |  |
| email:  |  |

Class standing (highlight, bold, or circle one): Fr. Soph. Jr. Sr. Grad.

Are you in good academic standing (highlight, bold, or circle one)? Yes No

Are you on any status of judicial probation (highlight, bold, or circle one)? Yes No

**Faculty collaborator/supervisor.**

|  |  |
| --- | --- |
| Name faculty member:  |  |
| Faculty member email address:  |  |

**About your project.**

|  |  |
| --- | --- |
| Title of project:  |  |
| Other student researchers involved with the project:  |  |

Has the project been approved/exempted by the Institutional Review Board /Institutional Animal Care and Use Committee (IRB/IACUC) (highlight, bold, or circle one)? Yes No

|  |  |
| --- | --- |
| IRB/IACUC approval number and date:  |  |

**About your funding request.**

What is your funding request other sources of support (not including personal funds) are you seeking/have you received for this meeting/conference, and what is the amount?

|  |  |
| --- | --- |
| Total project cost: | $ |
| Total amount requested (maximum request is $300):  | $ |
| Please itemize how the funds will used. What will you pay for?Include items and amounts. |  |

What other sources of support (not including personal funds) are you seeking/have you received for this project and what amounts?

|  |  |  |
| --- | --- | --- |
| Source and amount:  |  | $ |
| Source and amount:  |  | $ |
| Source and amount:  |  | $ |

**IMPORTANT!**

1. **You must attach this application and a description of your project to your submission email.**

2. The faculty member with whom you are working must support this project and request. You are indicating their support when you put their name below.

3. This application must be returned by the deadline. **Incomplete applications will not be considered.**

By filling out the foillowing you are certifying that the information provided in this application is accurate and that you have the support of the faculty member listed below

**Your typed full name or signature.**

|  |  |
| --- | --- |
| Name or signature:  |  |
| Date:  |  |

**Your faculty advisor/mentor typed name and email.**

|  |  |
| --- | --- |
| Facutly advisor/mentor name:  |  |
| Date: |  |