WiSE Research Award Application
Department of Psychology, Appalachian State University

(You must submit a hard copy of this application with any necessary supporting information.)

To be considered, this application and supporting information must be returned to the Department of Psychology office by 5 pm on the day of the deadline (listed in criteria).

This application is…   for an **INDIVIDUAL**.   for a member of a **GROUP**.

Name:_____   ASU Box: _____

e-mail: _____   Phone: _____

Class standing (circle one):   **Fr.**   **Soph.**   **Jr.**   **Sr.**   **Grad.**

Are you in good academic standing?   **Yes**   **No**

Faculty collaborator/supervisor:_____

If you are part of a group of students applying for this grant award, please list the names of other group members. _Only one application form should be submitted for any one project_. The student named above will be considered the primary student investigator on the project.

Other group members:_____

_____

Title of project: _____

_____

Has the project been approved by the Institutional Review Board/Institutional Animal Care and Use Committee (IRB/IACUC; you must attach proof of approval)?   **Yes**   **No**

Please provide a brief description of the project.

#1 Please list the resources/items needed to conduct/complete the project.

Resource/Item   Cost

Total cost: $ _____

#2 List other sources of support (not including personal funds) available for the project.

Total amount: $ _____

#3 Please list the resources/items YOU ARE REQUESTING for the project.

Resource/Item   Request

Total request: $ _____
(typical range is $100 – $300)

IMPORTANT! You must attach a 1 page narrative describing the project goal(s) and methods. You must also attach proof of IRB/IACUC approval. Finally, you must attach the collaborating/supervising faculty member's support form. This application must be returned by the deadline. **No incomplete applications will be considered.**

I certify that the information provided in this application is accurate.

_____   _____
Student's signature   Date

I certify that the information provided in this application is accurate.

_____   _____
Faculty member's signature   Date

WiSE Research Award Faculty Support Form
Department of Psychology, Appalachian State University

(The student must include this form with her or his application.)

To be considered, the application and supporting information must be returned to the Department of Psychology office by 5 pm on the day of the deadline (listed in criteria).

Faculty member name: _____

e-mail: _____   Phone: _____

Student's(s') name(s): _____

Please answer the following question (use this form—front and back or attach an additional sheet if necessary).

Briefly describe the nature and significance of the project, your role and the student's role on the project, the student's ability to fulfill his or her role, your interaction with the student on the project, and the importance of the project for the student's goals.