**Waring Research Support Award Application Form**

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| --- | --- |
| Name: | Date: |
| Email address: | Student ID: |
| Research Description (attach a page if necessary). Include timeline for research completion. | |
| CITI Training completed (if using human subjects)? N/A No Yes: when? | |

Budget: (Attach a spreadsheet if necessary)

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| --- | --- | --- |
| Item: | Description and justification: | Cost |
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|  |  |  |
|  |  |  |
|  | TOTAL: |  |

Faculty Sponsor:

|  |  |
| --- | --- |
| Name: | Signature: |

Note: As part of the agreement for receiving funds, **awardee will submit a one-page report** on the research they conducted with these funds within a week after exams at the end of the semester of receiving funds. Failure to do so will jeopardize ability to receive future Waring funds for any reason.