south carolina honors college

Undergraduate Research and Scholars Program

rev. 6-19-18

Student information

Name		Email	
Major(s)		Minor(s)	
Local phone		Cum. credit hours	
Local address		Cum. GPA	
		USC ID	

Title of Grant Project: Student VIP#

Research mentor information

Name		Email	
Campus phone		Dept	

Type of application (check one)

- ☐ Science Undergraduate Research Fellowship (SURF)
- ☐ Exploration Scholars Program

Term(s) for which you are applying ❑ Spring ❑ Summer ❑ Fall Year:

Project proposal (Please use additional sheets as necessary)

Brief description of faculty member's research program area

Research question or general area of interest to be pursued

Daily activities in which the student will be engaged (i.e., data analysis, literature review, lab tests, etc.).

Description of educational benefit to student (e.g. presentations at Discover USC, learned research skill, motivations, etc.)

Have you received SCHC funding in the past? If so, please briefly describe the project, its outcome, & the funding amount and semesters it occurred.

Budget (e.g. student stipend, # hrs per week x $10.00/hr, funding period)

Item

$10/hour

Funding Period Effective:

Estimated Schedule:

Fall Semester while classes are in session:

$10/hour * ____ hr/day * _____ days/week * _____ weeks = $_____

Fall Semester during breaks (including Winter Break):

$10/hour * ____ hr/day * _____ days/week * _____ weeks = $_____

Spring Semester while classes are in session:

$10/hour * ____ hr/day * _____ days/week * _____ weeks = $_____

Spring Semester during breaks:

$10/hour * ____ hr/day * _____ days/week * _____ weeks = $_____

Summer:

$10/hour * ____ hr/day * _____ days/week * _____ weeks = $_____

Additional Notation (i.e., planned vacation, etc.):

Grand Total:

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Past, current, and pending support

List here **all supplemental support** you have received from the Honors College or other university office (e.g. Office of Undergraduate Research) **or source outside the university**. Please report any funding you have received (or hope to receive) in addition to university and/or state scholarships to support your research and educational efforts.

Granting agency/unit	Proposal title/topic	Date of award (or pending)	Amount

I certify that I am in support of this project.

Faculty signature		Student signature	

Does this project require IRB approval?

If so, will you receive the required training?

By signing below, I understand that, if awarded this grant, I will be required to take the CITI Responsible Conduct of Research (RCR) module or one appropriate to my discipline, as chosen by my mentor. I also understand that, if awarded this grant, I will be required to register my research within the university-wide Research Registry.

_____ _____