Honors Council of the Illinois Region

Margaret Messer Student Research Grant Application

**Note:** The due date for the Fall 2020 application cycle is October 9th. All applications should be submitted electronically to Dr. Marc Klingshirn at capitalscholars@uis.edu or mklin2@uis.edu. Incomplete applications will not be considered.

Student Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/ University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Faculty Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Timeline of Project: Begin \_\_\_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepare your project by addressing each of the following points (maximum of five pages total, using 12-pt font).

**1. Project Definition:** Describe your honors project as specifically as possible. What subject or problem will you be investigating?

**2. Methods:** Describe your project's method or procedure, as well as the timetable for its completion.

**3. Results:** Describe how this research will contribute to the knowledge within the relevant field of study.

**4. Personal Goals:** What short-term and long-term personal/professional goals will be met by this project?

**5. Personal Application:** Describe your academic background as it relates to your ability to complete this project. Also, describe how the project relates to your future personal and intellectual development.

**6. Bibliography:** Provide a list of reference materials relevant to your project.

**7. Estimated Expenses:** Include an itemized budget which prioritizes the requested items and provides a rationale indicating how the funds are to be expended. Grant funds may be utilized in either (a) the purchase of durable equipment and/or expendable supplies required of student research activity, or (b) the payment of conference registration fees and/or other travel costs associated with the formal presentation of student research.

**Notes:** Should a grant recipient remain enrolled at an HCIR institution at the time of the subsequent Student Research Symposium, said recipient is expected to present at that event. Funding of grants will be determined by the reviewers and availability of funds. Students may submit grants requesting funds up to $700 with the understanding that they may only receive partial funding, and should my research be funded, I agree to expend the funds as described in this proposal and return any unexpended funds. I agree to submit the final product of this research to my Honors Director / Dean. Should the results of this research be presented and/or published in the future, I agree to acknowledge the support of the Honors Council of the Illinois Region.

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 Signature of Student Date

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The student named above is the principle investigator for the proposed project. I believe this student has the potential to complete the project, and, should it be funded, I agree to supervise the student’s research activities.

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 Signature of Faculty Supervisor Date

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I certify that this student is an undergraduate in good standing in the Honors Program / College. Should the project be funded, I agree to ensure that a copy of the product of the research is forwarded to the Executive Secretary of the Honors Council of the Illinois Region.

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 Signature of Honors Director / Dean Date