

APPLICATIONS ARE REVIEWED <u>TWO</u> TIMES PER YEAR IN FEBRUARY AND JUNE . Please submit application on or before: THE 3 rd MONDAY of FEBRUARY or JUNE .	
Date:	
Name: Email:	
Phone Number:	
Degree Program 🛛 DOCTORAL 🗌 MASTER	
Program Name : Faculty Advisor : Name Department Chair: Name	GPA: Signature Signature
Project Title: Requested Amount: Funds will be used for (check all that apply) :	
□ Research □ Internship □ Community Pro	oject
□ Global: Select □ Exchange □ Study abroad	🗌 Internship 🗌 Research
The summary of the project should be organized into the following sections: a. Introduction/Background b. Define the Need c. Plan Overview with detailed methodology (projects and internships)/Abstract (conference) d. Significance/ Measured Outcomes/Future Opportunities e. Budget f. Other Funding (if you applied for other funding, please let us know if it was):	

Student applicants should provide

- A letter of intent that explains what the research award will be used for and how it will support their progress toward completing their degree.
- A letter of support from their advisor or committee chair.

Please submit by 5PM of deadline date this signed application and all supporting materials in <u>one</u> single PDF electronically to Lorraine Varela (varelal@arizona.edu) in the Dean's Office.