

## Student Applicant Information and Signature Form

Please fill in complete information for each student applicant. An additional applicant information and signature page can be found at the end of this document, use as many copies as necessary.

Each student must read and agree to the following Eligibility and Conditions:

- Each student must be enrolled as a degree-seeking student at Westminster College at the time of the project and be in good academic standing.
- Projects must be conducted under the mentorship of Westminster College faculty.
- To receive research funding, a completed Group Grant Application and student applicant information form must both be submitted and approved prior to any expenditures.
- Award recipients are required to participate in the Undergraduate Research & Arts Celebration in the academic year of their grant, even if they intend to graduate in December. Students who fail to participate in the celebration will be responsible for paying back their grant to the college in full.

### Student Applicant Information

Total Number of Student Applicants \_\_\_\_\_

\*Signature indicates that the student certifies that they have read and agree to the above conditions

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_

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

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

Major/Degree Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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Major/Degree Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_

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

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

Major/Degree Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Faculty Signature Page

### Faculty Sponsor

I am familiar with this group's project, I support these students in receiving this grant and have completed a proposed budget. I have discussed the Undergraduate Research & Arts Celebration with each student, and he/she has agreed to participate.

Faculty Sponsor Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Faculty mentor)

### Director of Undergraduate Research Approval

Note: Signature indicates that the proposed project meets previously established standards for student scholarship in this field and is worthy of funding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Undergraduate Research)

Notes (Undergraduate Research Office Use Only):

**Additional Individual Applicant Information and Signature Listing: Use as many copies as needed**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Campus Box: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

Major/Degree Program: \_\_\_\_\_

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Student signature: \_\_\_\_\_

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Student signature: \_\_\_\_\_

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