

Graduate Student Research and Professional Development Fund Application

School of Graduate Studies – Western Illinois University

Student Name: _____ WIU ID#: _____
 Address: _____
 Telephone: _____ Email: _____
 Degree program: _____ Amount Requested: _____ (Up to \$500)
 Name of Faculty Sponsor: _____

Purpose of fund request (circle one):

Research Project
 Professional Presentation
 Other Scholarly Activities

Requesting Funds to be used (circle one):

Fall Semester (Application deadline: September 15)
 Spring/Summer Semesters (Application deadline: February 15)

In addition to this application, please submit the following which will be used for evaluation purposes.

1. Descriptions should be clearly written for a multi-disciplinary group of reviewers although essential technical or scientific terms may be used
2. *Research Projects:*
 - Concise description of research, not to exceed four double-spaced pages, including background information and project title, clearly stated objectives of research, methodology and significance to the discipline
- Professional Presentations:*
 - Concise description of research project to be presented, not to exceed four double-spaced pages, including background information and project title, and clearly stated objectives of research
 - Conference information and how it relates to professional goals
 - Verification of acceptance to present
- Other Scholarly Activities:*
 - Concise description of scholarly activity, not to exceed four double-spaced pages, including background information and project title, clearly stated objectives, and how the activity relates to professional goals
3. Itemized budget and narrative for all requests
 - Specific items and costs should be listed and clearly related to the description of the request. If approved, the award can only fund items on the application.
 - If total projected need exceeds \$500, note if additional funds have been granted or anticipated from grants, department funds, personal funding, other award, etc.

Please note: Applications will be evaluated based on completeness and quality of materials submitted. Applications and related documents may be used as models to others, should they be selected as such by the selection committee. Personal information will not be shared.

Required Signatures:

Applicant	Date
Faculty Sponsor	Date
Graduate Committee Chairperson	Date

I certify that the application submitted refers to expenses not typically covered by the academic department.

Department Chairperson	Date
------------------------	------

****For Graduate School Use Only****		
Request Approved <input type="checkbox"/>	Currently Enrolled? Y N	Degree Program: _____
Request Denied <input type="checkbox"/>	Graduate GPA: _____	Graduate Semester Hours earned: _____
Date Sub-committee Reviewed Application: _____		Amount Awarded: _____
Date Application Received: _____		