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### SURF Symposium Grant Application

The application must be **typed** and submitted via e-mail to the Director of the Undergraduate Research Program ([ehall@elon.edu](mailto:ehall@elon.edu)).

### Part I – General Information - Please provide complete information on *each* applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:**  Click here to enter text. | **Datatel ID:**  Click here to enter text. |  | **Major:**  Click here to enter text. | **Year in School:**  Choose an item. |
| **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Local phone:**  Click here to enter text. | **Graduation Yr:**  Click here to enter text. |
| **Mentor Name:**  Click here to enter text. | **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Department:**  Click here to enter text. |  |
| **Project Title:**  Click here to enter text. | | | | |
|  | | | | |
| **Student Name:**  Click here to enter text. | **Datatel ID:**  Click here to enter text. |  | **Major:**  Click here to enter text. | **Year in School:**  Choose an item. |
| **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Local phone:**  Click here to enter text. | **Graduation Yr:**  Click here to enter text. |
| **Mentor Name:**  Click here to enter text. | **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Department:**  Click here to enter text. |  |
| **Project Title:**  Click here to enter text. | | | | |
|  | | | | |
| **Student Name:**  Click here to enter text. | **Datatel ID:**  Click here to enter text. |  | **Major:**  Click here to enter text. | **Year in School:**  Choose an item. |
| **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Local phone:**  Click here to enter text. | **Graduation Yr:**  Click here to enter text. |
| **Mentor Name:**  Click here to enter text. | **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Department:**  Click here to enter text. |  |
| **Project Title:**  Click here to enter text. | | | | |
|  | | | | |
| **Student Name:**  Click here to enter text. | **Datatel ID:**  Click here to enter text. |  | **Major:**  Click here to enter text. | **Year in School:**  Choose an item. |
| **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Local phone:**  Click here to enter text. | **Graduation Yr:**  Click here to enter text. |
| **Mentor Name:**  Click here to enter text. | **Campus Box:**  Click here to enter text. | **Email:**  Click here to enter text. | **Department:**  Click here to enter text. |  |
| **Project Title:**  Click here to enter text. | | | | |
|  | | | | |

### Part II – Symposium Description

### Please provide your proposed symposium theme/topic (approximately 250 words).

Click here to enter text.

### Pleaseprovide a brief non-technical description of your project and how these projects relate to your symposium theme (max 700 words)

Click here to enter text.

### Part III – Budget

Please provide an itemized estimated budget by describing your symposium development needs and the amount of money you are requesting for each item.

Itemized Expected Expenses:

|  |  |  |
| --- | --- | --- |
| **ITEMS** | | **EXPENSES** |
| Click here to enter text. | | Click here to enter text. |
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| Click here to enter text. | | Click here to enter text. |
|  | Total Funds Requested | Click here to enter text. |

**Please note that those receiving SURF Symposia Grants are expected to submit an application to present at SURF in the academic year of the award.**

Student Applicant Signature (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

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