# 2018 IAAAM MEDWAY SCHOLARSHIP PROGRAM APPLICATION FORM

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|---|---|
| 1. TITLE OF PROJECT | |
| 2. STUDENT APPLICANT | |
| 2a. NAME (last, first, middle) | 2b. CURRENT DEGREE (S) (IF ANY) |
| 3a. UNIVERSITY AND DEPARTMENT OR EQUIVALENT | 3b. OFFICIAL MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) |
| 3c. MAJOR OR EXPECTED DEGREE (WITH PLANNED COMPLETION DATE) | |
| 3d. TELEPHONE AND FAX (Area code, number and extension)<br>Tel:<br><br>Fax: | STUDENT E-MAIL ADDRESS: |
| 4. United States Tax ID #/Social Security #: | |
| 5. VERTEBRATE ANIMALS ☐ NO ☐ YES | 5a. If "yes," IACUC APPROVAL ☐ NO ☐ PENDING ☐ YES If "yes", DATE<br>5b. ANIMAL WELFARE ASSURANCE NO. _____ |
| 6. DATES OF PROPOSED PERIOD OF SUPPORT (month/day/year)<br>FROM THROUGH | 7. TOTAL AMOUNT REQUESTED FOR PROPOSED PERIOD OF SUPPORT |
| 8. PRINCIPAL INVESTIGATOR | |
| Name<br>Title<br><br>Organization<br>Address<br><br><br>Telephone<br>Fax<br>E-mail | |
| 9. STUDENT APPLICANT CERTIFICATION AND ASSURANCE:<br>I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to provide the required research presentation if a grant is awarded as a result of this application. | SIGNATURE OF STUDENT APPLICANT NAMED IN 2a.<br><br>DATE: |
| 10. PRINCIPAL INVESTIGATOR CERTIFICATION AND ASSURANCE:<br>I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project. | SIGNATURE OF PRINCIPAL INVESTIGATOR NAMED IN 8.<br><br>DATE: |