

SURF COVERPAGE

1. Name of Student \_\_\_\_\_
2. Student SSN \_\_\_\_\_
3. Eligibility of Student \_\_\_\_\_ U.S. Citizen    \_\_\_\_\_ Permanent Resident Alien
4. Name of Faculty Mentor \_\_\_\_\_
5. Name of Applicant's Institution \_\_\_\_\_
6. Permanent Mailing Address and Telephone Number for:  

|                 |                 |
|-----------------|-----------------|
| Student         | Mentor          |
| _____           | _____           |
| _____           | _____           |
| ( _____ ) _____ | ( _____ ) _____ |
7. Email address \_\_\_\_\_                      Email address \_\_\_\_\_
8. Title of Project \_\_\_\_\_
9.     STEM             Non-STEM (Check one box only)
10. Academic Department \_\_\_\_\_
11. Degree Sought \_\_\_\_\_

12. SURF Budget (Complete SURF Budget Justification Form & attach to application)

| Budget Categories  | Enter amount below |
|--|--------------------|
| Mentor Cost (cannot exceed \$750)  | \$ _____           |
| Student's Research Costs (cannot exceed \$1,250)                         | \$ _____           |
| Student Travel Cost (cannot exceed \$750)                                | \$ _____           |
| Total SURF Grant applied for by Student & Mentor (cannot exceed \$2,750) | \$ _____           |
| Institutional Stipend Match (cannot exceed \$1,250)                      | \$ _____           |
| <b>Total SURF Project Costs (cannot exceed \$4,000)</b>                  | <b>\$ _____</b>    |

*Signatures of authorizing official and mentor denote that these individuals understand the guidelines for this program and that the institution agrees to provide or obtain half the student's stipend. In addition to existing university funds, federal and state government, nonprofit agencies, private corporations, individual citizens, etc., are sources that can be accessed for the match requirement.*

11.

|                  |                                    |
|------------------|------------------------------------|
| _____            | _____                              |
| Mentor Signature | Authorizing Institutional Official |
| Dept _____       | Title _____                        |
| Date _____       | Date _____                         |