



**Application for Undergraduate Research Poster/
conference Funding**

Student 1: RESEARCHERS

First name: _____ Last name: _____
Email: _____ Phone: _____

Student 2:

First name: _____ Last name: _____
Email: _____ Phone: _____

Faculty Sponsor:

First name: _____ Last name: _____
Email: _____ Phone: _____
Department: _____

Other students or faculty:

POSTER INFORMATION

Project Title:

Where will you be presenting your poster?

Presentation date/s:

Agreement to present at the Celebration of Scholarship

In exchange for funding, the research committee requires you to present your research progress and/or findings at the Celebration of Scholarship in April of the funding year.

Signature of person completing application form : _____

**Please submit this form by email attachment to Dr. Wendy L. Wilson,
wendy.l.wilson@dickinsonstate.edu.**