



E. DWIGHT PHAUP MEMORIAL FUND
REQUEST FOR FUNDING

Student's Name: _____

Class _____ Major _____

College Box #: _____ College Phone #: _____

Email Address: _____

Home Address: _____

Title of proposed research:

Is this research for academic credit? YES NO

If yes, please list course(s):

For which academic terms is support sought?

Name of Faculty Research Supervisor:

Please attach the research proposal. This description of the project should include: A statement of the problem to investigate, including tentative hypothesis or questions to be asked, research methodology to be employed, anticipated outcomes, and reasons for sought funding.

Amount of support requested: \$

Please attach a detailed budget, including a breakdown of all anticipated expenses for requested funds.

Faculty members (Signature) (DATE)

Student Signature

(DATE)