

# Honors Council of the Illinois Region

## Student Research Grant Application

**Note:** If possible, please submit electronically. If submitting hard copy, supply three (3) copies of this form and *all* supporting documents. Incomplete applications will not be considered.

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

College/ University: \_\_\_\_\_

Project Title: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Academic Dept. \_\_\_\_\_

Expected Timeline of Project: Begin \_\_\_\_\_ End \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Prepare your project by addressing each of the following points (maximum of five pages total, using 12-pt font).

- 1. Project Definition:** Describe your research project as specifically as possible. What subject or problem will you be investigating?
- 2. Methods:** Describe your project's method or procedure, as well as the timetable for its completion.
- 3. Results:** Describe how this research will contribute to the knowledge within the relevant field of study.
- 4. Personal Goals:** What short-term and long-term personal/professional goals will be met by this project?
- 5. Personal Application:** Describe your academic background as it relates to your ability to complete this project. Also, describe how the project relates to your future personal and intellectual development.
- 6. Bibliography:** Provide a list of reference materials relevant to your project.
- 7. Estimated Expenses:** Include an itemized budget indicating how the funds are to be expended.

Should my research be funded, I agree to expend the funds as described in this proposal, and return any unexpended funds. I agree to submit the final product of this research to my Honors Director / Dean. Should the results of this research be presented and/or published in the future, I agree to acknowledge the support of the Honors Council of the Illinois Region.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The student named above is the principle investigator for the proposed project. I believe this student has the potential to complete the project, and, should it be funded, I agree to supervise the student's research activities.

\_\_\_\_\_  
Signature of Faculty Supervisor

\_\_\_\_\_  
Date

I certify that this student is an undergraduate in good standing in the Honors Program / College. Should the project be funded, I agree to ensure that a copy of the product of the research is forwarded to the Executive Secretary of the Honors Council of the Illinois Region.

\_\_\_\_\_  
Signature of Honors Director / Dean

\_\_\_\_\_  
Date

**Submit proposals and inquiries to:** Dr. Bonnie Irwin, HCIR - Executive Secretary, Honors College, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920-3099