The College of Idaho
Student Research Grant Program 2016-2017

Research Grant Proposal Application Form 2016-2017

Student name: _____

Faculty mentor name: _____

Year and major(s): _____

Anticipated date of graduation: _____

Phone: _____

Email: _____

Project title: _____

Budget amount requested (up to $1,000): _____

Proposed completion date for the project: _____

If you are using human subjects, have you received IRB approval?_____
IRB approval is required for grant funding

Also include:

1.   **Brief description/summary of project (less than 100 words):**

2.   **Have you received, or applied for, other funding for the proposed work? If so, explain where you have applied and when you will learn the outcome of your application:**