

## **SJSU Student Research, Scholarship, and Creative Activity (RSCA) Grant Initiative**

### **APPLICATION FORM**

**This is a fillable PDF Form. Please fill it out electronically.**

#### **1. Student Information**

First Name:

Last Name:

Major:

Student ID# (not SSN#):

Email Address:

Phone:

Class Standing (please indicate below)

Undergraduate (Freshman)

Undergraduate (Sophomore)

Undergraduate (Junior)

Undergraduate (Senior)

Graduate Student

GPA (undergraduate applicants only):

Have you previously been a recipient of an SJSU Undergraduate  
Research Grant (URG) from SJSU? Yes:      No:

#### **2. Faculty Mentor Information**

First Name:

Last Name:

Email Address:

Phone:

Department:

College/School:

### 3. Project Information

Title of Project:

Project timeframe (mm/yy – mm/yy):

Will this project use (check all that apply):

Animal Subjects

Biohazards/Human Blood

Human Subjects

Recombinant DNA

Radiation/Isotopes/Lasers

Controlled Substances

**Questions A through E should be answered jointly by the student and faculty mentor unless otherwise specified.**

A. In a few sentences, describe the goals of the Research, Scholarship, and Creative Activity (RSCA) project that you will be working on together.

B. Please describe the methodology/methodologies you will employ to complete the project.

C. Describe the activities the student will perform as part of their participation in this project. Provide a timeline with relevant milestones.

D. Describe the activities the faculty mentor will take in supervising and guiding the RSCA project. (To be answered by the faculty member.)

E. How will the student's participation in this project contribute to their educational and career goals? (To be answered by the student.)

#### 4. Signatures

Student Signature: \_\_\_\_\_

Date:

*My signature above confirms that I am aware of the terms and conditions of the SJSU Student RSCA Grant Initiative.*

Faculty Mentor Signature: \_\_\_\_\_

Date:

*My signature above confirms that I am aware of the terms and conditions of the SJSU Student RSCA Grant Initiative.*

Department Chair Signature: \_\_\_\_\_

Date:

*My signature above confirms that I am aware of this application to the SJSU Student RSCA Grant Initiative*