

## COVER FORM

### DEPARTMENT OF PLANT BIOLOGY, UNIVERSITY OF GEORGIA STUDENT RESEARCH GRANTS

Name of applicant:

UGA ID (811 number):

Date:

I meet the eligibility requirements and wish to be considered for the following grant or award (check one):

#### **PALFREY STUDENT RESEARCH GRANT**

Funding of research or travel for research

Funding of travel to scientific meetings or for training opportunities

Funding of publication costs

#### **ALAN JAWORSKI STUDENT TRAVEL AWARD**

Funding of travel for research

Funding of travel to scientific meetings or for training opportunities

#### **HAINES FAMILY FIELD BOTANY AWARD**

Funding of travel for field-research

I agree that the grant or award will be acknowledged in all presentations (seminars, posters, etc.) and publications resulting for the proposed work; in addition, the Plant Biology department will be listed as the recipient's affiliation or address. I acknowledge that I have discussed my travel or research expenses and this application with my Plant Biology advisor. If my project is funded, I agree to submit a report summarizing the outcome of the funded activities within 22 months.

Signature of applicant:

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I have read the proposal and approve of its submission.

Name of applicant's Plant Biology advisor:

Date:

Signature of advisor: