

## 2012 ADRIAN TINSLEY PROGRAM SUMMER RESEARCH GRANT APPLICATION

**Application Deadline 4:00 pm March 16, 2012**

Return completed applications (please paper-clip) to Ms. Kathy Frederick, Office of Undergraduate Research, 200 Maxwell Library  
Applicants must be registered BSU students enrolled through the following fall semester.  
Students are eligible to receive only one ATP Summer Grant during their academic career.

### PART I. Personal Information

NAME: \_\_\_\_\_ BANNER ID: \_\_\_\_\_

BSU E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ACADEMIC STANDING:    \_\_\_ freshman       \_\_\_ sophomore       \_\_\_ junior       \_\_\_ senior

MAJOR: \_\_\_\_\_ HONORS THESIS:       Yes \_\_\_       No \_\_\_

OVERALL GPA: \_\_\_\_\_ GPA IN MAJOR: \_\_\_\_\_

MENTOR NAME: \_\_\_\_\_ MENTOR DEPARTMENT: \_\_\_\_\_

(only tenured or tenure-track BSU faculty)

### PART II. Project Information

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

IRB Approval: Research (including surveys) involving human or certain animal subjects requires IRB approval

Previously Approved:       YES       NO       IRB Submission Date: \_\_\_\_\_

**Please attach the following to the application cover page:** (see the application instructions for specifics)

- (i) Personal statement (1 page: 1" margins, single spaced, 12-pt Times New Roman font)
- (ii) Project proposal (max 3 pages text & 2 pages figures: 1" margin, single spaced, 12-pt Times New Roman)
- (iii) Works cited or Preliminary Bibliography page
- (iv) Preliminary budget worksheet
- (v) Project logistics/Timeline
- (vi) Unofficial academic transcript including current spring semester courses
- (vii) TWO sealed, confidential recommendations (mentor + 1 other)
- (viii) Signed summer grant agreement form
- (ix) Demographic tracking form

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By signing above, you acknowledge that all information provided for this application is accurate and that all work associated with the proposed project will be carried out in an ethical manner consistent with BSU policy

**MENTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(only tenured or tenure-track BSU faculty)

*ATP Coordinator Approval:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

By signing above, you have agreed to mentor this student(s) on the proposed project and have read and agreed to fulfill the mentor responsibilities as outlined on the ATP web site (<http://www.bridgew.edu/ATP/mentor.pdf>)

**ADRIAN TINSLEY PROGRAM SUMMER RESEARCH GRANT APPLICATION  
Budget Form**

Each student may apply for a maximum of **\$500** for supplies, books, research-related travel (not travel to conferences), or photocopying costs. If approved, these funds will not be released directly to the student, but will be handled as reimbursements or purchase order requests placed through the ATP coordinators. All purchases must be completed by **July 30**.

**Budget Categories (with examples and brief explanation)** **Amount Requested**

**Supplies:** \$ \_\_\_\_\_

**Books:** \$ \_\_\_\_\_

**Photocopying expenses:** \$ \_\_\_\_\_

**Research-related travel:** \$ \_\_\_\_\_

**Other (specify):** \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

As the student's BSU research mentor, I have reviewed this budget and believe that it is reasonable for the proposed project. Should additional materials be needed to complete the project, I will assist the student in locating these materials, or in helping the student obtain funding for these materials.

**Mentor's signature (REQUIRED)** \_\_\_\_\_ **Date** \_\_\_\_\_

The budget form must accompany the full proposal and be turned in by the proposal due date.

## ADRIAN TINSLEY PROGRAM SUMMER RESEARCH GRANT APPLICATION

### Summer Grant Student Agreement Form

Grant awards are dependent upon your agreement to fulfill each of the following program requirements. Indicate your agreement by placing your initials on each line:

- \_\_\_\_\_ I agree to attend an orientation session during the first week of May.
- \_\_\_\_\_ I will participate in the ATP Summer Research Program between the last full week of May and the first week of August. I am not receiving any additional salary to support this research, I will not be taking any day summer courses, and I plan to conduct research full-time (about 40 hours per week) as directed by my BSU faculty or librarian mentor.
- \_\_\_\_\_ My participation in the summer program includes attendance at mandatory scheduled group meetings held during the summer with all student participants.
- \_\_\_\_\_ I am registered as a full- or part-time student (six credit hour minimum) in good academic standing, I will have completed at least 12 credits at BSU by the start of Summer Session I, and I will be a full- or part-time BSU undergraduate through at least the following fall semester.
- \_\_\_\_\_ I agree to adhere to the reimbursement rules and procedures outlined on the ATP website.
- \_\_\_\_\_ I agree to present the results of my research at the ATP Summer Research Symposium in August and at the BSU Undergraduate Research Symposium the following April.
- \_\_\_\_\_ I agree to provide my research mentor and the ATP Coordinators a paper summarizing the results of my work and the summer experience by the beginning of the Fall semester.
- \_\_\_\_\_ At the completion of the research project, I agree to submit a manuscript for publication in *The Undergraduate Review: A Journal of Undergraduate Research and Creative Work*. I understand that all submissions to the Undergraduate Review are read by faculty other than my mentor and acceptance is contingent on a favorable rating by the faculty readers.
- \_\_\_\_\_ I agree to apply to a regional or national conference the following academic year to present the results of this research.
- \_\_\_\_\_ I agree to acknowledge the *Bridgewater State University Foundation and the Adrian Tinsley Program for Undergraduate Research* in all publications and presentations resulting from this Summer Undergraduate Research Grant, and to provide the ATP coordinators with copies of all publications or conference abstracts.
- \_\_\_\_\_ I agree to give BSU permission to use images of myself and story in the support & promotion of Undergraduate Research at Bridgewater State University.

I agree to fulfill all of the above program requirements, and I certify that all information provided in this application is accurate and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The agreement form must accompany the full proposal and be turned in by the proposal due date.

## RESEARCH MENTOR RECOMMENDATION FORM

Name of student: \_\_\_\_\_

I have known this student for \_\_\_\_\_ years as \_\_\_\_\_

Please rate the student's ability related to:

	Excellent top 10%	Good top 25%	Fair top 50%	No basis for judgment
Overall knowledge in discipline of proposed research	( )	( )	( )	( )
Overall academic ability	( )	( )	( )	( )
Applicants potential for research in this field	( )	( )	( )	( )
Motivation	( )	( )	( )	( )
Maturity	( )	( )	( )	( )
Interpersonal skills	( )	( )	( )	( )
Communication skills	( )	( )	( )	( )
Recommendation for this program	( )	( )	( )	( )

Please attach on **departmental letterhead** a typed evaluation of this student's potential for carrying out the proposed research project, including his/her abilities, character, originality and any other relevant qualities. **Please address anything that can be perceived as a weakness in the student's application** (such as GPA, or if the research project is outside of the student's major). **Also, please provide an outline of your expected role as mentor.**

**Responsibilities of the Research Mentor.** The research mentor is responsible for establishing an environment that will provide your student the best possible experience in conducting the proposed research. This includes:

- Assisting the student in finding the resources required for conducting the proposed research;
- Regular (at least weekly) meetings with your student to discuss the progress of the research (if the mentor will be away for any length of time, explain in your letter how you will continue to advise while away);
- Assuring that the research is conducted in an ethical manner;
- Assistance and quality control in preparation of the proposal, conducting the research, writing of reports, and giving presentations;
- Assistance with public dissemination of the research at campus, regional, or national conferences (student travel funds are available);
- If the student has chosen more than one mentor, discussion of potentially divergent research methodologies with each other and the applicant before the grant period;
- Evaluation of your student's progress for use as feedback to the student at the program's conclusion;
- If the student's project requires the use of animal or human subjects, and/or hazardous or radioactive materials, addressing this in your letter.

Summer undergraduate research mentors must be full-time members of the BSU faculty or librarians. The mentor will receive a summer stipend of \$1,700 for guiding the research of each undergraduate. The number of stipends a mentor can receive is limited to three, however, there is no limit on the number of mentees.

I have tenure \_\_\_\_\_ or, am on the tenure-track \_\_\_\_\_ at BSU.

**I have read the student's research proposal, and certify that this is an independent research project. I have also reviewed the budget form (if applicable) and mentor responsibilities, and I agree to serve as the student's summer research mentor.**

Mentor's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Return this form and accompanying **typed evaluation on your departmental letterhead** to the student in a sealed, signed envelope. Completed applications must be received by March 16, 2012, so allow your student sufficient time to send the recommendation in by that deadline. **This recommendation letter is considered confidential.**

## RECOMMENDATION FORM – Recommender #2

Name of student: \_\_\_\_\_

The student named above is applying for a Summer Research Grant to the Bridgewater State University Adrian Tinsley Program for Undergraduate Research. This program provides BSU students with a summer stipend of \$4,000 to carry out a research project under the guidance of a full-time BSU faculty mentor. You have been asked to complete this recommendation form because of your knowledge of this student's abilities and background.

I have known this student for \_\_\_\_\_ years as \_\_\_\_\_

Please rate the student's ability related to:

	Excellent top 10%	Good top 25%	Fair top 50%	No basis for judgment
Overall knowledge in discipline of proposed research	( )	( )	( )	( )
Overall academic ability	( )	( )	( )	( )
Applicants potential for research in this field	( )	( )	( )	( )
Motivation	( )	( )	( )	( )
Maturity	( )	( )	( )	( )
Interpersonal skills	( )	( )	( )	( )
Communication skills	( )	( )	( )	( )
Recommendation for this program	( )	( )	( )	( )

Please attach on **departmental or company letterhead** your typed evaluation of this student's potential for carrying out the proposed research project, including his/her abilities, character, originality and any other relevant qualities.

Recommender's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Return this form and accompanying **typed evaluation on your departmental or company letterhead** to the student in a sealed, signed envelope. Completed applications must be received by March 16, 2012, so allow the student sufficient time to send the recommendation in by that deadline. **This recommendation letter is considered confidential.**

**2012 ADRIAN TINSLEY PROGRAM SUMMER RESEARCH GRANT**

**Demographic Tracking Form**

The following information is needed for program tracking purposes only and will not be used in the evaluation of the grant application.

Please complete and return with the grant application

ACADEMIC STANDING: \_\_\_ freshman \_\_\_ sophomore \_\_\_ junior \_\_\_ senior

MAJOR: \_\_\_\_\_ HONORS THESIS: Yes \_\_\_ No \_\_\_

OVERALL GPA: \_\_\_\_\_ TRANSFER STUDENT: Yes \_\_\_ No \_\_\_

MENTOR NAME: \_\_\_\_\_ MENTOR DEPARTMENT: \_\_\_\_\_

GENDER: Male \_\_\_ Female \_\_\_ AGE: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

ETHNIC BACKGROUND: (Please check the one that best describes you. International students should not reply.)

\_\_\_ American Indian / Native American \_\_\_ Hispanic \_\_\_ African American/Black (non-Hispanic)

\_\_\_ Asian / Pacific Islander \_\_\_ White (non-Hispanic) \_\_\_ Cape Verdean

\_\_\_ Multiracial (list races) \_\_\_\_\_

\_\_\_ Other (please specify) \_\_\_\_\_

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*ATP office use only*

NUMBER: \_\_\_\_\_

FUNDED: \_\_\_\_\_

NOT FUNDED: \_\_\_\_\_