

Washington State University

Alcohol and Drug Abuse Research Program

Undergraduate Research Fellowship Application

Due February 17, 2016 for Summer of 2016

Due March 9, 2016 for Fall Semester or the 2016-2017 Academic Year

The Alcohol and Drug Abuse Research Program is seeking applications for undergraduate research fellowships for the summer of 2016 and for the 2016-2017 academic year. Applicants must have contacted a faculty member and have a specific project proposal in mind. Projects must pertain to substance abuse research. Award amounts are as follows:

	Stipend	Benefits	Supplies
Summer 2016	\$4,000	\$412	\$2,000
Fall Semester 2016	\$1,500	\$ 36	\$1,200
Academic Year (2016-2017)	\$3,000	\$ 72	\$2,400

Application Procedure:

- I. e-REX
- II. Cover Sheet (please use attached form)
- III. Please attach a description of your proposed research project (maximum 1,800 words for sections B-G). Include under bold subheadings the following items:
 - A. Title, Name, WSU Number, Abstract
 - B. Specific Aims
 - C. Background Literature (discuss)
 - D. Rationale for the Proposed Experiments
 - E. Experimental Design (include treatment groups, doses of drugs, number of animals/group, measurements, data analysis)
 - F. Expected Results
 - G. Discussion of how the results will answer the research question
 - H. Relevance of your project to your faculty sponsor's research
 - I. Relevance of your project to your career goals
 - J. Time commitment: briefly discuss the time commitment required
 - K. Your role in developing this project and writing this proposal
- IV. Have two letters of recommendation sent to baylonj@vetmed.wsu.edu to arrive by the grant deadline.
 - A. A letter of support from your faculty sponsor, explaining as specifically as possible
 - What assistance you will provide for his or her research program
 - What part you played in developing the project and writing the application
 - B. A recommendation from someone else who has knowledge of your laboratory or problem-solving skills, e.g., a teaching assistant, faculty member, or supervisor

This proposal will be submitted by eREX. No hard copies are required.

For more information, please contact:

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Student Name (please underline family name):

Title of Project:

School Address (Institution, Hall/Street, City, State, Zip):

Telephone:

Email Address:

Home Address (Street, City, State, Zip):

Institutions Attended/Dates:

Academic Major:

GPA:

Years of college completed by May 2016:

Anticipated Graduation Date:

Mentor for proposed project:

WSU Number:

Citizenship:

Type of Visa (if applicable):