

**Washington State University**  
**Alcohol and Drug Abuse Research Program**  
**Undergraduate Research Fellowship Application**  
Due October 27, 2009 for Spring Semester 2010

The Alcohol and Drug Abuse Research Program is seeking applications for undergraduate research fellowships for Spring Semester 2010. Applicants must have contacted a faculty member and have a specific project proposal in mind. Projects must pertain to substance abuse research. Award for the semester will be a \$1,000 stipend for the student and \$1,000 to the host laboratory for supplies.

**Application Procedure:**

- I. Cover Sheet (please use attached form)
- II. Please attach a description of your proposed research project (maximum 2,000 words). Include under bold subheadings the following items:
  - A. Title, Name, Abstract
  - B. Specific Aims
  - C. Background Literature
  - 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
- III. Have two letters of recommendation sent to the address below 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

**Send Application to Pam Kelley at OGRD (Neill 423, Mail Stop 3140).**

**For more information, please contact:**

Jenny Baylon, Program Coordinator  
Alcohol and Drug Abuse Program  
McCoy 135  
335-5676  
baylonj@vetmed.wsu.edu

**OR**

Barbara Sorg, Ph.D.  
Alcohol and Drug Abuse Program  
McCoy 135  
335-4709  
barbsorg@vetmed.wsu.edu

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Student Name (please underline family name):

Title of Project:

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

Telephone (Home):

Telephone (School):

Email Address

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

Institutions Attended/Dates

Academic Major

GPA:

Years of college completed by Dec. 2009

Anticipated Graduation Date:

Mentor for proposed project:

Citizenship:

Type of Visa (if applicable):