

APPLICATION FOR Mim Orleans Research Support Scholarship

The purpose of the Mim Orleans Research Support Award is to provide support for conducting research related pursuit of a degree in one of the Colorado School of Public Health programs. **Please note students in certificate programs are not eligible to apply.**

Examples of appropriate proposals would include travel to professional conferences where papers have been accepted, travel to conduct research (data collection, etc.), procurement of information resources (books, articles, etc.), procurement and/or duplication of data collection instruments, computer software for analyzing data related to the project, or other items clearly related to the research. We expect 4-5 awards to be made yearly across two application cycles, one in the fall and one in the winter. Awards will be for up to \$500, though an award may be more if needs are justified and funds are available.

Please complete the following form and submit it electronically to: ColoradoSPH.AcademicAffairs@ucdenver.edu by 5 p.m. Sept 1 or Dec. 8 for activities or needs anticipated to occur from September through the following August.

Please fill out the brief application below and send to the aforementioned email with the subject: "Orleans Scholarship Request – YOURLASTNAME. **Attach additional pages if there is not enough space on this page.**

PART 1:

Your name _____ Student ID#: _____ CSPH email: _____

Degree program and concentration _____ Anticipated graduation date _____

Name of your research project: _____

PART 2: Describe the funds you are requesting relative to amount, specific use and need (you may request funds across the categories indicated).

Total Request: _____ for the following expenses:

1. Travel

Amount requested: \$ _____ Travel to: _____ Date(s): _____

Purpose of travel: _____

Expenses for: Airfare/transportation \$ _____ Housing \$ _____ Other \$ _____

2. Procurement of Information Resources

Amount requested: \$ _____

Resources to be purchased: _____

3. Data Collection Instruments

Amount requested: \$ _____

Instrument(s) to be purchased or duplicated: _____

4. Software

Amount requested: \$ _____

Software to be purchased: _____

5. Other research support requested

Amount requested: \$ _____

Please describe: _____

PART 3: Clearly describe how these funds would be used to support your research.
