

HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM

RESEARCH PARTNERSHIP GRANT

APPLICATION FORM

NAME OF APPLICANT _____ I.D.# _____
MAJOR _____ Date Submitted _____ E-Mail _____
CUMULATIVE IU GPA _____ GPA IN MAJOR (if any) _____
TIME PERIOD _____ (i.e Spring, '05)

Hutton Honors College Research Partnership Grants are made to IUB freshman and sophomore students on an individual and merit basis. Applicants must have a cumulative GPA of 3.4 or better. Return this application directly to: Undergraduate Grant Program, Hutton Honors College, IU, 811 E. Seventh Street, Bloomington, IN 47405.

PLEASE PRINT OR TYPE CLEARLY:

Previous Hutton Honors College Grants Received (Type & Date?): _____
Campus Address _____ Phone _____
Permanent Address _____ Phone _____
Summer Address _____ Phone _____
Will you attend IUB summer session(s) _____ Expected date of graduation _____
Date entered Hutton Honors College _____ Holland OR Hudson Scholar? _____
Faculty mentor _____ Dept. _____
Mentor's telephone number and e-mail address _____

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

1) YOUR TRANSCRIPT (An unofficial one is acceptable) (Please check the honors courses you have completed)

PLEASE ALSO PROVIDE THE FOLLOWING INFORMATION AS CLEARLY AS POSSIBLE: (use the back of this sheet and/or attach additional pages)

DESCRIBE YOUR RESEARCH PARTNERSHIP IN DETAIL. WITH WHOM ARE YOU WORKING? WHAT WORK ARE YOU DOING (INCLUDE HOURS PER WEEK)? WHAT MOTIVATED YOU TO UNDERTAKE THESE ACTIVITIES? HOW WILL YOUR ACTIVITIES CONTRIBUTE TO YOUR ACADEMIC, PROFESSIONAL, AND/OR PERSONAL GROWTH? WHY DO YOU DESERVE THIS AWARD?

**Application Deadlines: Spring Grants — 5 p.m. on the first Friday in February
Fall Grants— 5 p.m. on the first Friday in October
Summer Grants— 5 p.m. on the Friday before Spring Break**

HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM

FACULTY RECOMMENDATION FORM
RESEARCH PARTNERSHIP GRANT

Research Partnership Grants are for freshmen and sophomores who have cumulative 3.4 GPAs. The Hutton Honors College hopes to encourage student participation in faculty research activities. Grants are awarded on a semester (or summer) basis. Students are expected to work between 6 and 10 hours per week during the fall or spring semesters. Summer hours are flexible.

The intention of the program is to introduce the applicant to research and/or scholarly activities of persons in your discipline.

Recommendation for _____ for (time period) _____

WAIVER

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law permits the students to sign a waiver relinquishing their rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means that the student will have the right to read this recommendation.

Student's signature _____ Date _____

This waiver must accompany the faculty recommendation form. This waiver, along with the faculty recommendation, should be returned directly to:

Undergraduate Grant Program
Hutton Honors College, Indiana University
811 E. Seventh Street, Bloomington, IN 47405

Application Deadlines: Spring Grants — 5 p.m. on the first Friday in February
Fall Grants— 5 p.m. on the first Friday in October
Summer Grants— 5 p.m. on the Friday before Spring Break

FACULTY RECOMMENDER:

Name _____ Dept. _____

Campus & E-Mail Address _____ Phone _____

I wish to support the application of _____ for a Hutton Honors College Research Partnership Grant.

Please use the back of this sheet and/or an attached letter to answer the following questions about the applicant and his/her plans. Add any comments you deem appropriate. (Please type or print legibly.)

How long and how well and in what context do you know the applicant? Have you discussed the applicant's plans? What will the applicant do? How many hours per week will the applicant work? Will the proposed activities introduce the applicant to research and/or scholarly activities of persons in your discipline? Finally, what is the single most compelling reason the Hutton Honors College should make this award to this applicant?

Signature _____ Date _____