

Undergraduate Research Team Scholarship Application

Santa Clara Valley Chapter

1.	STUDENT NAME(S):
2.	E-MAIL ADDRESS(ES):
3.	STUDENT MAJOR(S):
4.	COLLEGE OR UNIVERSITY NAME:
5.	ACADEMIC DEPARTMENT:
6.	DEPARTMENT ADDRESS:
7.	ACADEMIC ADVISOR:
8.	E-MAIL ADDRESS OF ADVISOR:
0	RESEARCH TOPIC:
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10	TIMING AND SCHEDULE OF RESEARCH
10.	(START AND FINISH DATES):
11.	DESCRIBE THE

PURPOSE OF THE RESEARCH:

12. BREIFLY DESCRIBE THE EXPERIMENTAL DESIGN pages, if needed).	GN OR METHODOLOGY OF THE RESEARCH (use additional
13. HOW WILL THE RESULTS BE REPORTED AND SHA	ARED? (e.g., Senior Thesis, journal article, research notes)
ADVISOR'S SIGNATURE:	DATE:
STUDENT SIGNATURE:	DATE:
STUDENT SIGNATURE:	DATE:
STUDENT SIGNATURE:	DATE:
STUDENT SIGNATURE:	DATE: