



CALIFORNIA
NATIVE PLANT SOCIETY

Santa Clara Valley Chapter

Graduate Research Scholarship Application

1. STUDENT NAME: _____
2. E-MAIL ADDRESS: _____
3. STUDENT ADDRESS: _____

4. COLLEGE OR UNIVERSITY: _____
5. MAJOR: _____
6. THESIS OR RESEARCH TOPIC: _____
7. ACADEMIC ADVISOR: _____
8. E-MAIL ADDRESS OF ADVISOR: _____

9. DESCRIBE THE
PURPOSE OF THE
RESEARCH:

10. BREIFLY DESCRIBE THE EXPERIMENTAL DESIGN OR METHODOLOGY OF THE RESEARCH (use additional pages, if needed).

11. HOW WILL THE RESULTS BE REPORTED AND SHARED? (e.g., Thesis, Dissertation, journal article)

STUDENT SIGNATURE: _____ DATE: _____