**APPLICATION FORM FOR COMMUNITY COLLEGE**

**UNDERGRADUATE STUDENT STIPEND**

**2011 Community College Undergraduate Research Colloquium**

**Application Deadline: February 1, 2011**

These stipends are provided by the Community College Undergraduate Research Initiative to aid students in presenting their experimental results at the CCURC during the annual [ESATYCB conference](http://www.esatycb.com/conferences.html). Only community college undergraduate students who are members of ESATYCB are eligible for an award. Applications from students presenting posters in the CCURC are encouraged to apply for a Student Stipend. New [ESATYCB student membership](http://www.esatycb.com/membership.html) applications must be postmarked by **February 1, 2011** to ensure eligibility for this stipend.

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| **COMMUNITY COLLEGE UNDERGRADUATE STUDENT STIPEND INFORMATION** |
| Name: |   |  |
| Degree Sought: |       | (*e.g.* A.S. Liberal Arts Math & Science) |
| Degree(s) held: |       | (*e.g.* B.A. Accounting, Clemson ‘05) |
| Faculty Sponsor: |       |
| Institution: |       |
| Department: |       |
| Address: |       |
| City: |       | State: |    | Zip code: |       |
| Phone: |       | FAX: |        |  |
| e-mail: |       |  |
|  |  |  |
| Have you previously received a Student Stipend? | Yes [ ]  | No[ ]  |
| If so, indicate organization(s) and year(s) award received: |       |

 **SPONSOR AND APPLICANT MUST BE CURRENT MEMBERS OF ESATYCB**

1. Complete this form (you must have applied for ESATYCB [membership](http://www.esatycb.com/membership.html) by **February 1, 2011**).

2. **Attach one COPY of the** [**Abstract**](CCURC%20Abstract%20Application.docx)you submitted to CCURC for the conference to this form.

3. \*Hotel and reservation confirmation number (**REQUIRED**):

 \* *check ESATYCB* [*conference*](http://www.esatycb.org/conferences.html) *material for hotel accommodations and special rates.*

I agree the stipend I receive will only be used to defray the cost of lodging and poster printing and the contact information I provided may be used for follow-up contact by CCURI.

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Student Signature: (REQUIRED) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Sponsor Signature: (REQUIRED) Date

Mail or fax this application form and abstract to:

**CCURC**

c/o J.R. Jacob

P.O. Box 139

170 North Street

Dryden, NY 13053

**FAX:** 607.844.6518

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For office use only:

Dates received: Stipend request\_\_\_/\_\_\_/\_\_\_ Abstract file \_\_\_/\_\_\_/\_\_\_ ESATYCB membership \_\_\_/\_\_\_/\_\_\_