



PSYCHOLOGY STUDENT RESEARCH & PROFESSIONAL DEVELOPMENT GRANT

Central Michigan University's Department of Psychology considers undergraduate and graduate students' research and professional development to be a vital part of their education. To support this endeavor, students are eligible for \$150 reimbursement. These grants are made possible by the generous contributions of our alumni to the department.

To apply for this grant, a student should submit one copy of the application to Sloan 101.

The following are the guidelines for this grant:

1. The research project or professional development must have been undertaken while the applicant was an undergraduate or graduate student at Central Michigan University.
2. Submit the application form endorsed by your advisor.
3. Documentation of the proposed research or professional development must be attached to this form.
4. The funds can only be applied to travel costs or attendance fees associated with presenting or attending the event. The funds cannot be used for research-related expenses.
5. The grants are administered through the department. Bills and/or paid receipts, including original copies of airplane tickets, must be submitted to Sloan 101 before payment is made.

Note: To comply with the US Department of Education, any payments to students (i.e., cash, awards, prizes, and gifts) must be reported to the Office of Scholarships and Financial Aid and will be counted as other financial assistance (OFA). Any form of award, payment, reimbursement, or other transaction that is paid directly or indirectly to a student for the purpose of aiding in their education, studies, training, or research is considered in this policy. The Office of Scholarships and Financial Aid has the responsibility to determine whether adjustments are necessary. Unit representatives have the responsibility to inform OSFA of the additional assistance and for what term the assistance will be effective.

Please contact the Office of Scholarships and Financial Aid for additional questions about this policy at financialaid@cmich.edu

Please PRINT OR TYPE

Applicant's Name _____ Student # _____
Last First

Address _____
City State Zip Code

Telephone _____ EMAIL _____

PROGRAM (please check one):

- Clinical Experimental IO School Undergraduate

Name of Meeting _____

Date(s) _____ Location _____

Title of Article or Presentation _____

Estimate costs for which reimbursement is requested	\$
TOTAL	\$

I have read the guidelines on the front of this form; and I believe this project complies with all the guidelines.

Student's Signature _____ Date _____

Psychology Advisor's Signature _____ Date _____

Psychology Chair Signature _____ Date _____

(03/20) Amount Approved _____