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**Mellon Grant Faculty Student Summer Research Program**

**APPLICATION FORM**

**Please attach this page to all materials submitted.**

**One application per student.**

**SUMMER 2024**

**DEADLINE: Friday, January 26, 2024**

**PERIOD FOR REQUESTED GRANT:**

**(ALL OPTIONS FULL-TIME)**

**☐ 5 WEEK (1st Session) ☐ 5 WEEK (2nd Session) ☐ 10 WEEK**

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| **SEE: Mellon Grant Faculty Student Summer Research Program Application Guidelines.**  **http://www.skidmore.edu/**[[WEBSITE]] | | | | | |
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| **1A.** | | | | | |
| **Faculty Name:** | Click here to enter text. | **Department:** | Click here to enter text. | | |
| **E-Mail Address:** | Click here to enter text. | **Title:** | Click here to enter text. | | |
| **Faculty Status:** | **☐ Tenured ☐ Tenure-track ☐ Non-Tenure** | | | | |
| **☐ Full-Time/Regular ☐ Full-Time/Temporary ☐ Other:** Click here to enter text. | | | | |
| **Faculty Prior Participation in Summer Research Program? ☐ No ☐ Yes – When?** Click here to enter text. | | | | | |
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| **1B.** | | | | | |
| **Student Name:** | Click here to enter text. | | | **Class Year:** | Click here to enter text. |
| **Student E-Mail Address:** | Click here to enter text. | | | **PO Box:** | Click here to enter text. |
| **Student Prior Participation in Summer Research Program? ☐ No ☐ Yes – When?** Click here to enter text. | | | | | |
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| **1C.** | | | | | |
| **Student Name:** | Click here to enter text. | | | **Class Year:** | Click here to enter text. |
| **Student E-Mail Address:** | Click here to enter text. | | | **PO Box:** | Click here to enter text. |
| **Student Prior Participation in Summer Research Program? ☐ No ☐ Yes – When?** Click here to enter text. | | | | | |
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| **3.** | | | | | |
| **Description:** Provide a statement of 600 words or less describing the proposed project in language understandable to the non-specialist. The “Africana Studies and the Humanities at Skidmore” steering committee includes faculty and staff from different disciplines. It is your responsibility to provide a description of your project and your objectives that is easily understood by someone outside your area of expertise. Please include a description of the relevance of the project to the mission of the Mellon grant: a focus on issues of racism and racial justice, racialized systems of power, colonization and decolonization, and intersecting oppressions, engaging with the experiences of Black folks in North America and/or the African diaspora. **Faculty working with more than one student on the same project should include details that clearly outline each student’s contribution.**  **Attached? ☐** Yes **☐** No | | | | | |
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| **4.** | | | | | |
| **Statement written by the faculty** providing a description of the working relationship with the student(s) and how the experience benefits the student's educational, professional, and/or creative goals.\* Include a projection of the number of hours to be worked for the duration of the project.  **Attached?** **☐** Yes **☐** No  **Signed?** **☐** Yes **☐** No  **Do you have external funding to support this project during the summer? ☐ Yes ☐ No**  **If so, how much and for what period?** Click here to enter text. | | | | | |

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| **5.** |
| **Goals, proposed activities, and format of final outcome expected:** Provide information as to what you intend to accomplish during the research period and the format of the expected final outcome; e.g., journal article, presentation at a conference, exhibit, website, performance, etc.  **Attached? ☐ No ☐ Yes** |
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| **6.** |
| **Budget:** Provide an itemized budget indicating the cost of equipment and supplies needed to complete the project. Expenditures must be in support of the project goals and are not intended for entertainment purposes or travel to conferences to present research. All materials and/or equipment purchased with grant funding become the property of Skidmore College upon completion of the project.  **Attached? ☐** Yes **☐** No |
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| **7.** |
| **IRB:** Does this proposal involve human subjects or the use of human tissues that are subject to the requirements of the College’s Institutional Review Board (IRB)? **☐** Yes **☐** No  **If yes, you must obtain IRB approval prior to the commencement of the research.** IRB guidelines, FAQs, and forms are available at: <http://www.skidmore.edu/irb>.  **IACUC:** Does this proposal involve the use of vertebrate animals that are subject to the requirements of the College’s Institutional Animal Care and Use Committee (IACUC)? **☐** Yes **☐** No  **If yes, you must obtain IACUC approval prior to the commencement of the research.** IACUC guidelines and forms are available by contacting the IACUC Chair. |
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| **8.** |
| **Signatures and dates**. Your signature indicates that you have read and understood the program goals, application procedures, criteria for selection, and general information and that you accept all the responsibilities inherent therein. Both faculty and student participant must sign this application before submitting it to Nora Graubard ([noragraubard@skidmore.edu](mailto:noragraubard@skidmore.edu)) .    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty Member’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature |

\*If faculty request more than one student to work on a single project, the project rationale should clearly articulate the necessity for more students and the role each student will play in the project.