|  |  |
| --- | --- |
|  | **Unanticipated Opportunities Grant Application** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name** | Click or tap here to enter text. | **Student ID** | Click or tap here to enter text. |
| **Student’s Email** | Click or tap here to enter text. |  |  |
| **Mentor’s Name** | Click or tap here to enter text. | **Mentor’s Email** | Click or tap here to enter text. |

|  |
| --- |
| **Details for Unanticipated Opportunity** |
| **Title** | Click here to enter text. |
| **Link *(if published)*** | Click here to enter text. |
| **Date(s)** | Click here to enter text. |  | **Location**  | Click here to enter text. |

**Briefly describe the opportunity and its importance for your academic and/or professional development.**

*Please limit your response to 250 words.*

|  |
| --- |
| Click here to enter text. |

**When did you first learn about this opportunity and why were you unable to apply for funding through the regular DCUR fall or spring grant competition?**

*Please limit your response to 150 words.*

|  |
| --- |
| Click here to enter text. |

**Budget and cost-sharing information**

Note that requested travel funds must reflect your actual travel and lodging costs. Please itemize lodging, travel and meal costs for each day as appropriate. You will not receive a fixed *per diem* meal allowance; reimbursement for meals will require original receipts. DCUR covers $0.18 per mile (approximate gasoline cost) for approved travel in a personal vehicle.

**DCUR will not provide funds for:**

* International travel
* Your mentor’s travel

|  |  |  |
| --- | --- | --- |
| **Category** | **Dates** | **Cost** |
| **Registration/Fees** | Click here to enter text. | Enter $ |
| **Lodging**  | Click here to enter text. | Enter $ |
| **Transportation (personal vehicle)** | Click here to enter text. | Enter $ |
| **Transportation (public carrier)** | Click here to enter text. | Enter $ |
| **Transportation (taxi/Uber/Lyft)** | Click here to enter text. | Enter $ |
| **Transportation (rental car)** | Click here to enter text. | Enter $ |
| **Meals** | Click here to enter text. | Enter $ |
| **Other** | Click here to enter text. | Enter $ |

**Required Cost-Sharing Information**

Please list all financial support you will receive from on- or off-campus entities, and whether you have requested/received funds from your mentor, program, school or college. Please indicate any cost-sharing plans (e.g. shared hotel rooms or travel by car, meals provided by conference, etc.).

|  |  |  |
| --- | --- | --- |
|  | **Yes/No/Pending** | **Amount** |
| **Mentor’s Grant** | Yes/No/Pending | Enter $ |
| **Professional Society Travel/Research Grant** | Yes/No/Pending | Enter $ |
| **McNair Program Grant** | Yes/No/Pending | Enter $ |
| **Honors College Grant or Discovery Scholarship** | Yes/No/Pending | Enter $ |
| **Other (list)** | Click here to enter text. | Yes/No/Pending | Enter $ |

Please explain briefly which expenses will be covered by any non-DCUR funds you list in the above grid.

|  |
| --- |
| Click here to enter text. |

*By submitting this grant application, I am indicating my agreement with/commitment to the following statements:*

* My mentor provided guidance but I have written this application myself.
* I understand that a faculty committee of the Drapeau Center for Undergraduate Research at The University of Southern Mississippi will review this proposal, as well as my student transcript and GPA as available on SOAR.
* I agree to avail myself of the opportunity for which I seek funding before I graduate from Southern Miss.
* I have completed the common training course for students in the responsible conduct of research (<www.citiprogram.org>).
* I will present the outcomes of my participation in the opportunity at the Southern Miss Undergraduate Symposium on Research and Creative Activity (UGS; held every spring) and will attend and participate in the professional development opportunities organized by DCUR.
* I will use the funds consistent with my budget and will bring any significant budgetary changes to the attention of DCUR for approval.
* I will submit a final report to DCUR within two weeks after the opportunity ends. In the report, I will discuss the outcome of the project and detail how my DCUR grant funds were spent.
* I understand that any unused funds must be returned to DCUR.

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Applicant’s Signature** |  | **Date** |