

SOJC Graduate Research Funding Request

Please be aware that this will be paid to your student account as scholarships and will affect your financial aid. A portion of the amount awarded to students who are not U.S. citizens may be withheld by Financial Aid in order to comply with U.S. tax law.

Full name: _____ UO ID: _____ Today's Date: _____

Description of research and its relation to your project (attach additional sheets if necessary):

Previous funding received from SOJC (amount and purpose):

Are you enrolled in summer classes? ☐ Yes ☐ No ☐ NA

Funding Requested/Anticipated (limit of \$300/year subject to availability of funds)

	Estimate
Travel	
Other	
TOTAL	

By signing this request, I attest that I understand all charges incurred are for my educational benefit.

Requestor Signature

Printed Name

Date

Advisor approval

Printed Name

Date

Travel: ☐ Approved ☐ Disapproved

SOJC Funding: ☐ Approved ☐ Disapproved

Director of the Doctoral Program Signature

Printed Name

Date