

**Department of Mathematics
Washington State University
Undergraduate Research Scholarship Application**

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email: _____

WSU ID Number: _____ Current Academic Advisor: _____

Cumulative WSU GPA: _____ Latest Semester WSU GPA: _____

Class Standing as of Next Semester: _____ Major: _____

Intended Graduation Date (Month/Year): _____

On a separate piece of paper please provide a brief description of your proposed research project, including the name of your proposed faculty advisor, and the semester or summer session proposed for the project.

I authorize the Mathematics Department to release my GPA and personal information to scholarship donors.

Signature of Applicant

Date

This application is due in the Mathematics Main Office (Neill 103) at least two weeks before the beginning of the semester or summer session proposed for the project.
