HOWARD HUGHES MEDICAL INSTITUTE FELLOWSHIP

Request for Additional Funding

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Submit the following to the Office of Undergraduate Research, 110 Wentworth Hall (HB 6201):

1. This application form (completed and signed by both you and your faculty mentor)
2. One page written proposal that includes:
   - brief synopsis of your research to date
   - reasons for requesting the additional funding.

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I am applying for additional funding as a Howard Hughes Medical Institute (HHMI) fellow with the faculty mentor listed below. The type of funding I am applying for is:

☐ Additional term of part-time research ($750 stipend). ***Specify term***: _____

- I understand that I must work 7-12 hours per week in the term specified.
- I understand that I will receive a stipend two times per term (half in the middle and half at the end), contingent on my submission of the signed time forms by the given deadline.

☐ Leave term research ($3,500 stipend). ***Specify term***: _____

Do you receive financial aid from Dartmouth (circle one)? YES NO

- I understand that I will be working full-time on the research project for 10 weeks.
- I understand that I will receive a stipend in two installments. The first payment of $3,000 will be issued when I submit the signed Acknowledgement & Release form. The final payment of $500 will be issued when I submit a written summary of my research.

☐ Presentation of research at conference/meeting (attach a 1 page budget and an abstract of your presentation)

Name of conference/meeting: _____

Dates of conference/meeting: _____

- I understand that I am presenting my HHMI research at the above-named conference.
- I understand that I must submit all receipts from my travel and that I will be reimbursed when I return.

Student Name: _____ _____ _____ **Class:** _____
First **Middle** **Last**

_____ _____
Student Signature **Date**

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I certify that the information above is correct and that I will be supervising the student's research.

Faculty Name: _____ **Signature** _____ **Date** _____

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