UCSC GRADUATE STUDENT ASSOCIATION
Faculty Sponsor Statement GSA Research and Travel Grant

***Please Type and Print out (signature in ink required)***

Applicant's Student ID Number:____________________________________________________________

Advisor's UCSC Email:______________________________________________________________

Relationship to Student (e.g., principal thesis advisor):____________________________________

Is the applicant in good academic standing and actively engaged in research? (Select One)

Yes  No

Does the graduate student in question have any alternate/additional funding sources (e.g. none
stipend based departmental funds, research grant, contract)? (Select one)

Yes  No

****Please do not use the applicants name in this form. The process is anonymous****

If yes, please describe this/these source(s):

________________________________________________________________________________

________________________________________________________________________________

What portion of the research grant requested will be covered by the funds described above:

________________________________________________________________________________

________________________________________________________________________________

Is the applicant currently a TA? (Select one)  Yes  No

If applicant is attending a meeting, is she/he the presenter or first author of the paper to
be presented at the conference/meeting/workshop? (Select one)  Yes  No
If the applicant is attending a conference/workshop/traveling for thesis related research or professional development, please state briefly why you believe it is particularly beneficial for this student to attend. Please state how this travel will benefit the applicant, as well as their research and career. If the applicant is applying for research related supplies, please state how these supplies will benefit the applicant. **Please maintain confidentiality by not naming the student.**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**Additional information**

Please provide any other information about the student/department that would strengthen their application. (e.g., funding within the department, status of the student, hardships, etc.). **Please maintain confidentiality by not naming the student.**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Required Signatures

We hereby declare that all the information and statements provided herein are true, correct and complete to the best of our knowledge and belief.

Research Advisor/Faculty Sponsor Signature

__________________________________________  Date
Signature                                      

__________________________________________  Date
Print Name                                     

Department Manager/Graduate Advisor

__________________________________________  Date
Signature                                      

__________________________________________  Date
Print Name                                     

Last revised 5/21/2018