

## MAJOR ACADEMIC YEAR SUPPORT (MAYS) GRANT APPLICATION

To be completed, signed and submitted to the URCA office by the deadlines listed below. The application pages are only fillable using Google Chrome and Adobe Acrobat for PCs and MACs. Handwritten applications will not be accepted. Applications and transcripts should be submitted electronically through Secure Share <https://seureshare.cofc.edu/>. Instructions for using Secure Share can be accessed at [urca.cofc.edu](http://urca.cofc.edu).

### 2022-2023 Deadlines

<i>MAYS Deadline</i>	<i>For project support during the following dates:</i>
<b>August 29</b>	<b>September 30 – June 4</b>
<b>October 28</b>	<b>November 30 - June 4</b>

### URCA Application Instructions:

A complete description of the application requirements and instructions can be found on the URCA website ([urca.cofc.edu](http://urca.cofc.edu)) in the URCA Descriptions and Guidelines handbook. For help with inserting photos or formatting text, please use the guide found on the URCA website ([urca.cofc.edu](http://urca.cofc.edu)).

In addition to the information requested on this application the following documents are required to be submitted to URCA.

1. **Faculty Evaluation Form and Letter of Recommendation:** EACH faculty mentor involved in the project is required to provide an independent evaluation of the student by submitting an evaluation form and letter of recommendation. The evaluation form can be found at the end of this application. The top portion of the form should be filled out and digitally signed by the student, then given to each faculty mentor to complete and digitally sign. The letter should be written on an official letterhead document, and describe the student’s aptitude for the work, nature of the mentor’s previous interaction with the student, and opinion on the likely effects the experience will have on the student’s development. If the student has earned a grade lower than B in courses relevant to the project, the faculty mentor should explain why they believe the student should benefit from the scholarly experience and how the student is academically prepared to work independently on the project. The evaluation form and letter of recommendation should be submitted as one document by the faculty mentor through Secure Share.
2. **Transcripts and Course Schedule:** A complete unofficial transcript from EACH higher education institution attended by the student applicant (**Degree audits are not accepted**) and a schedule of intended coursework during the project period must be submitted. If a student has received grades from another institution on coursework that counts toward CofC graduation requirements, the unofficial transcript from the institution must be submitted with the application. It is not sufficient that the courses are listed on the CofC transcript.
3. **IRB/IACUC Approval:** If applicable, a copy of the IRB/IACUC approval must be submitted. Applications will be reviewed without the approval; however, grant funds will not be transferred until all

approvals are received.



## MAYS APPLICATION COVER PAGE

**Applicants should refer to the URCA Program Description and Guidelines for application instructions and eligibility criteria.**

**The application pages are only fillable using Google Chrome and Adobe Acrobat. Handwritten and incomplete applications will not be accepted or considered for funding.**

PROPOSAL TITLE: \_\_\_\_\_

PRIMARY MENTOR APPLICANT:

UNDERGRADUATE APPLICANT:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CofC Email: \_\_\_\_\_

CofC Email: \_\_\_\_\_

Department: \_\_\_\_\_

CofC ID number \_\_\_\_\_

Faculty Status:

- Tenured/Tenure-track
- Instructor
- Visiting
- Adjunct
- Other (please specify \_\_\_\_\_)

Primary Major \_\_\_\_\_

Current Enrollment Status:

- Full-time (12 hours or more)
- Part-time (less than 12 hours)

Graduation Year:  2022  
 2023  2024  
 2025  2026

Please select (if applicable):

- Minority  First-Generation Student

SECONDARY MENTOR APPLICANT:

NAME: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about this particular grant opportunity?

- Yammer  Facebook  Instagram  Twitter
- Email  Campus Flyers/Digital Advertisement  Chair/Dean
- Professor  URCA Website  CofC Calendar  Other \_\_\_\_\_

Undergraduate Applicant: \_\_\_\_\_

**2. STUDENT STATEMENT OF INTENT (3500 character limit with spaces):**

Undergraduate Applicant: \_\_\_\_\_

**3. ADDITIONAL STATEMENT OF INTENT, if applicable (GPA lower than 3.0; grade of C or lower in course relevant to project; and/or is taking fewer than 12 credit hours; 1750 character limit with spaces):**

**4. NON-TECHNICAL PROJECT ABSTRACT (1750 character limit with spaces):**

Undergraduate Applicant: \_\_\_\_\_

**5. PROJECT DESCRIPTION (3 pages maximum. Please include the following sections:  
a) Technical Abstract; b) Project Objectives; c) Project Significance; d) Methods of Work; e) Faculty  
Mentor and Student Participant Project Roles):**

Undergraduate Applicant: \_\_\_\_\_

Undergraduate Applicant: \_\_\_\_\_



Undergraduate Applicant: \_\_\_\_\_

**6. STUDENT DEVELOPMENT (1750 character limit with spaces):**

**7. PROJECT DISSEMINATION:**

Undergraduate Applicant: \_\_\_\_\_

## **8. STUDENT INVOLVEMENT:**

## **9. FACULTY INFORMATION (Last 2 years. Please include the following sections: a) Previous Students; b) Previous Dissemination; c) Outcomes; d) Additional Commitments):**

Undergraduate Applicant: \_\_\_\_\_

## **10. REFERENCES:**

Undergraduate Applicant: \_\_\_\_\_

**11. BUDGET JUSTIFICATION (Please include the following sections: a) Student Travel; b) Faculty Travel; c) Supplies and Materials; d) Other):**

**12. ADDITIONAL FUNDING (Please include the following sections: a) Current Cost-Share and External Support; b) Pending Support):**

Undergraduate Applicant: \_\_\_\_\_

## PROJECT INFORMATION PAGE

**REQUESTED DATES OF PROJECT SUPPORT (mm/dd/yy):** From \_\_\_\_\_ To \_\_\_\_\_

**TOTAL AMOUNT REQUESTED FROM URCA:** \$ \_\_\_\_\_

1. Does the proposal involve research on human subjects?  Yes  No  
If yes, status of the **IRB** request (no funds can be awarded without **IRB** approval):  
 Submitted  Approved
2. Does the proposal involve research with live vertebrate animal subjects?  Yes  No  
If yes, status of the **IACUC** request (no funds can be awarded without **IACUC** approval):  
 Submitted  Approved
3. Have student or faculty applicants received URCA support for this or any other project in the past 12 months or do they currently hold funding through the URCA program?  
 Yes  No  
If yes, which type?  SURF  MAYS  RPG  
If the applicant holds funding in the current cycle, specify name of applicant and award amount:
4. Does the **student** have another proposal under consideration by URCA during the current cycle?  Yes  No  
If yes, what type of grant proposal is it?  MAYS  RPG
5. Does the **faculty mentor** have another proposal under consideration by URCA during the current cycle?  Yes  No  
If yes, what type of grant proposal is it?  MAYS  RPG
6. Is there another internal proposal current or pending for this research/creative work?  
 Yes  No  
If yes, please list the source(s) as well as amount of request and dates of award:
7. Is there an external proposal current or pending for this research/creative work?  
 Yes  No  
If yes, please list the source(s) as well as amount of request and dates of award:
8. Does the project have potential for copyright or invention?  Yes  No
9. Does the project involve biohazards or other safety issues?  Yes  No

Undergraduate Applicant: \_\_\_\_\_

**MAYS PROPOSED BUDGET TABLE:**

Complete the MAYS project budget using the budget form below. The total cost of the project (URCA- funding and other funding) must be clearly indicated on the budget form. The total budget request from URCA may not exceed \$4000.

**The table below must be complete to ensure review of your project. Any items that are left incomplete will render the application ineligible for review.**

	I	II	III	IV
	MAYS Funding Requested	Dept/School Other Internal Support for Project	External Support for Project	Total Cost of URCA project
A. Student Travel*				
B. Faculty Travel*				
C. Supplies & Materials				
D. Other				
E. Total Costs Per Column				

\*No travel will be awarded for the dissemination of project results. Travel funds for project presentations must be requested by submitting an RPG application.

NOTE: All of the URCA funds supporting MAYS projects must be expended by the last day of Maymester in the academic year in which the award is made.

Undergraduate Applicant: \_\_\_\_\_

**GRANT SIGNATURE PAGE:**

Digital signatures are required for all participants. Please read the URCA Guidelines prior to signing this page. Signatures below indicate awareness of and intention to follow appropriate Program, Departmental, School, College and State rules and regulation for conducting projects, travel, and expenditure of funds.

SIGNATURE & DATE, Undergraduate Applicant: \_\_\_\_\_

SIGNATURE & DATE, Faculty/Mentor Applicant: \_\_\_\_\_

SIGNATURE & DATE, Faculty/Mentor Applicant: \_\_\_\_\_

Chair: I acknowledge that the above student and faculty mentor are applying for an URCA Grant and that the funds for successful proposals will be transferred into the departmental R & D account for disbursement based on the budget included in this proposal.

SIGNATURE & DATE, Chair: \_\_\_\_\_

SIGNATURE & DATE, Chair: \_\_\_\_\_

## FACULTY MENTOR EVALUATION FORM (one form per mentor)

The top portion should be filled out and digitally signed by the student, then given to each faculty mentor to complete the bottom portion and digitally sign. The evaluation form and letter of recommendation should be submitted as one document by the faculty mentor through Secure Share.

**This section is to be completed by the student applicant.**

Student Applicant Name: \_\_\_\_\_

The student applicant named above requests that the faculty mentor named above submits a letter of recommendation as part of the URCA application. The student must indicate whether or not he/she will waive the right of subsequent access to this evaluation form and recommendation letter.

\_\_\_\_\_ I do waive my right of subsequent access to this evaluation form and recommendation letter.

\_\_\_\_\_ I do **not** waive my right of subsequent access to this evaluation form and recommendation letter

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

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**This section is to be completed by the project mentor.**

For how long have you known the student applicant? \_\_\_\_\_

Nature of your past interactions (if any) with student applicant: (select all that apply)

teacher/student     mentor/researcher     advisor/student     social settings

other (please explain) \_\_\_\_\_

Please rate the student applicant on a scale of 1 - 5 (5 being the highest, N.O. for not observed) in comparison to other students at the College of Charleston.

Independence: \_\_\_\_\_

Knowledge appropriate to the project: \_\_\_\_\_

Critical thinking: \_\_\_\_\_

Work ethic: \_\_\_\_\_

Communication skills: \_\_\_\_\_

Creativity: \_\_\_\_\_

Ability to work with others: \_\_\_\_\_

Research potential: \_\_\_\_\_

\_\_\_\_\_  
Signature of Faculty Mentor

\_\_\_\_\_  
Date