



**Special Fund Category and Type**

Select ONE of the following special funds categories:

<input type="checkbox"/> Cedar Point Biological Station	For research projects conducted at Cedar Point
<input type="checkbox"/> Parasitology	Biology of parasites, their hosts and the relationship between them
<input type="checkbox"/> Botany	Research subjects including plants, algae, fungi
<input type="checkbox"/> General	For anything that does not fit in the above categories

Select ONE of the following types:

<input type="checkbox"/> Fellowship	Can be used for travel to meetings or field sites Funds are paid directly to students.
<input type="checkbox"/> Research Supplies	Can be used for equipment and supplies Funds are monitored within the School of Biological Sciences.

**Applicant Information**

NU ID# \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Degree  MS  PhD Gender  Male  Female

When started at UNL (month and year): \_\_\_\_\_

Research Specialization (select one):

- Ecology, Evolution & Behavior (EEB)
- Genetics, Cell & Molecular Biology (GCMB)
- Plant Pathology
- Within College of Agricultural Sciences and Natural Resources (applicable for Cedar Point funds only)

**Special Funds Request Information**

Research Project Summary -- Please provide a brief synopsis of your research project (maximum of 250 words)

**Itemized Budget -- How will the funds be used?**

Please list all items and estimated costs, including all equipment, supplies and/or travel location and conference name.

Item	Amount
Total Amount	

Do you receive funding from other sources (GAANN, NSF, Smithsonian, etc.)?     Yes     No

If you received Special Funds last year or in previous years, provide a one or two sentence of the outcome. (i.e. published a paper, gave a talk or poster presentation at a meeting, etc.)

I declare that all information provided is accurate and understand that my academic records may be analyzed for accuracy. If I am awarded a research award by the School of Biological Sciences, I authorize the School of Biological Sciences to publish my name as a research award recipient and to share my information with donors.

Incomplete applications will not be considered. Please make sure all areas are filled out and completed including your research project summary and itemized budget.

Signature

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Print Advisor Name

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Signature of Advisor

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