

Please only use the following to complete the form:

- Adobe Acrobat Reader DC
- Adobe Acrobat Pro DC

If needed, download the most recent version of Adobe Reader for free from [Adobe's website](#)

Please do not use any other types of app to complete this form, including Apple Preview.

# UROP Presentation Funding Application Presentation Applicant Information Form

## Instruction

Red boxes are required for each applicant. Complete all other boxes as applicable

Presentation ID: \_\_\_\_\_

|  | Applicant 1 | Applicant 2 | Applicant 3 | Applicant 4 | Applicant 5 |
|--|-------------|-------------|-------------|-------------|-------------|
| First Name   |             |             |             |             |             |
| Last Name  |             |             |             |             |             |
| UH ID Number (no dash)   |             |             |             |             |             |
| Email (@hawaii.edu only)   |             |             |             |             |             |
| Phone Number   |             |             |             |             |             |
| College/School   |             |             |             |             |             |
| Major  |             |             |             |             |             |
| Expected Graduation Semester (e.g., Fall 2023)   |             |             |             |             |             |
| Individual Funding Request   |             |             |             |             |             |
| - Materials/Supplies   |             |             |             |             |             |
| - Travel   |             |             |             |             |             |
| - Outsource  |             |             |             |             |             |
| - Non-Stipend Total  |             |             |             |             |             |
| - Stipend  |             |             |             |             |             |
| - Total  |             |             |             |             |             |
| If you are requesting stipend hours that overlap with hours spent towards satisfying course requirement, indicate the following: |             |             |             |             |             |
| - Course Alpha and Number  |             |             |             |             |             |
| - Number of Credits  |             |             |             |             |             |
| If you are requesting travel funding from UROP, indicate the following:  |             |             |             |             |             |
| - City 1   |             |             |             |             |             |
| - State/Province 1   |             |             |             |             |             |
| - Country 1  |             |             |             |             |             |
| - Start Date 1   |             |             |             |             |             |
| - End Date 1   |             |             |             |             |             |
| - City 2   |             |             |             |             |             |
| - State/Province 2   |             |             |             |             |             |
| - Country 2  |             |             |             |             |             |
| - Start Date 2   |             |             |             |             |             |
| - End Date 2   |             |             |             |             |             |
| - City 3   |             |             |             |             |             |
| - State/Province 3   |             |             |             |             |             |
| - Country 3  |             |             |             |             |             |
| - Start Date 3   |             |             |             |             |             |
| - End Date 3   |             |             |             |             |             |

# UROP Presentation Funding Application Presentation Applicant Information Form

Applicant 6   Applicant 7   Applicant 8   Applicant 9   Applicant 10

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| First Name   |  |  |  |  |  |
| Last Name  |  |  |  |  |  |
| UH ID Number (no dash)   |  |  |  |  |  |
| Email (@hawaii.edu only)   |  |  |  |  |  |
| Phone Number   |  |  |  |  |  |
| College/School   |  |  |  |  |  |
| Major  |  |  |  |  |  |
| Expected Graduation Semester (e.g., Fall 2023)   |  |  |  |  |  |
| Individual Funding Request   |  |  |  |  |  |
| - Materials/Supplies   |  |  |  |  |  |
| - Travel   |  |  |  |  |  |
| - Outsource  |  |  |  |  |  |
| - Non-Stipend Total  |  |  |  |  |  |
| - Stipend  |  |  |  |  |  |
| - Total  |  |  |  |  |  |
| If you are requesting stipend hours that overlap with hours spent towards satisfying course requirement, indicate the following: |  |  |  |  |  |
| - Course Alpha and Number  |  |  |  |  |  |
| - Number of Credits  |  |  |  |  |  |
| If you are requesting travel funding from UROP, indicate the following:  |  |  |  |  |  |
| - City 1   |  |  |  |  |  |
| - State/Province 1   |  |  |  |  |  |
| - Country 1  |  |  |  |  |  |
| - Start Date 1   |  |  |  |  |  |
| - End Date 1   |  |  |  |  |  |
|  |  |  |  |  |  |
| - City 2   |  |  |  |  |  |
| - State/Province 2   |  |  |  |  |  |
| - Country 2  |  |  |  |  |  |
| - Start Date 2   |  |  |  |  |  |
| - End Date 2   |  |  |  |  |  |
|  |  |  |  |  |  |
| - City 3   |  |  |  |  |  |
| - State/Province 3   |  |  |  |  |  |
| - Country 3  |  |  |  |  |  |
| - Start Date 3   |  |  |  |  |  |
| - End Date 3   |  |  |  |  |  |