Application Form
Funding for CI-Training Opportunities

CI Training Information:

Name of Training: _____ _____

Dates of Training: _____   URL for Training: _____ _____

Estimated Cost: Registration _____Travel: _____ _____

Contact Information:

Last Name: _____   First Name: _____

Local Mailing Address: _____   City, State, Zip: _____

Phone #: _____   Email Address: _____

Citizenship: ___ US Citizen   ___ Permanent Resident

Student Information:

Name of Institution Currently Attending: _____

Current Major/Department: _____   GPA (4.0 scale): _____

Which type of program are you currently enrolled in?

___ Undergraduate   ___ Graduate   ___ Ph.D.

Expected Graduation Date: _____

Please check below if you are receiving graduate funding from one of the following:

___ Idaho NSF EPSCoR   ___ Nevada NSF EPSCoR   ___ New Mexico NSF EPSCoR

Faculty Information:

Name of Institution Currently Employed at: _____

Title: _____

Current Program/Department: _____

Please check below if you are receiving faculty funding from one of the following:

____ Idaho NSF EPSCoR   ____ Nevada NSF EPSCoR   ____ New Mexico NSF EPSCoR

Other Information:

For both students and faculty - Please provide a brief description of your research (1000 characters or less):

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For both students and faculty - Please describe any previous experience that you have with the training opportunity that you are applying for and briefly describe how the training opportunity will increase your scientific capabilities and CI-literacy (500 characters or less):

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For students only - Please describe your career goals, including what you plan to do with your graduate degree (1000 characters or less):