**Application To Serve as Mentor for an**

**OURCLA Research Scholar**

Name of the student with whom you wish to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed length of fellowship \_\_\_\_\_ 1 semester Proposed start of fellowship: \_\_\_\_\_ Fall

 \_\_\_\_\_ 2 semesters \_\_\_\_\_ Spring

 \_\_\_\_\_ full year \_\_\_\_\_ Summer

Your department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AU E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AU Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT STATUS:

Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years in Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be on campus during the term of the scholarship? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No

State why you are interested in being a mentor to an undergraduate research fellow. If answer to above question is “no” explain how you will still be an effective mentor to this student.

Please provide an estimate of costs and available sources of matching (if available):

Use ONLY the space below to state your research area and expectations for the student’s proposed research project.

I hereby certify that the information found on this application is correct and I authorize the release of this information to the CLA Scholarship Selection Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head’s Endorsement Date

Please submit this application form and recommendation letters to:

College of Liberal Arts

OURCLA Grant Committee

Associate Dean of Academic Affairs

331 Tichenor Hall

Auburn, AL 36849-5223