



How would this funding impact you and/or your academic experience?

Who is the faculty member in Sociology that is supervising this project or activity?

By typing my name below, or signing electronically, I give permission for the Undergraduate Director to access my student record to confirm my award eligibility. I understand that any award must be used for the stated purpose in this application.

Typed Name

Date  
Completed:

Electronic Signature

**Submit completed form to the Director of Undergraduate  
Studies in Sociology at:**

**[da18@uakron.edu](mailto:da18@uakron.edu)**