



2015-2016  
**Undergraduate  
Research Symposium**



## **Participant Guidelines**

### **ICFNJ Undergraduate Research Symposium**

Generously Funded by



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THE COUNCIL OF  
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**Johnson & Johnson**

#### **ELIGIBILITY**

The applying student(s) must be pursuing a first undergraduate degree at the time of application and participating in your first independent research study. Only students enrolled at ICFNJ member institutions are eligible to apply. All academic majors are encouraged to submit a proposal.

The applicant(s) must be capable of **completing all research work by January 15, 2016**, and presenting their research finding at the ICFNJ Research Symposium to be scheduled for the Spring 2016 (exact date and location to be announced.).

The Academic Dean at the institution of enrollment for the student(s) must approve the proposal.

#### **QUALIFYING ACTIVITY**

All proposals must be prepared and written by the student(s) with faculty oversight.

Research must be conducted by the student(s) with faculty guidance and responsibility for the work.

Should any proposal submitted to ICFNJ required funds from other grant programs, the dependency should be noted as part of the original proposal. If the proposal is selected for funding by ICFNJ Selection Committee, the other required grants must be approved prior to the time of the ICFNJ award. If the funding has not been received, the proposal will be considered invalid. Seeking additional funding from other sources after a proposal has been selected and fully funded by ICFNJ requires approval.

Grant proposals should be typed and professional in appearance. **Packets should be submitted no later than September 25, 2015**, to ICFNJ, 797 Springfield Avenue, Summit, NJ 07901, Attn: Research Symposium Review Committee or via email, [luhrig@njcolleges.org](mailto:luhrig@njcolleges.org).

#### **PROPOSAL CONTENTS**

The proposal includes 7 specific components. An application will be considered incomplete if any element is not included. Incomplete applications will not be considered.



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### **Application**

1. Application Form to be completed by student(s)
2. Student Activity and Responsibility Form to be completed by student(s)

### **Letters of Recommendation and Qualification**

3. A completed letter of recommendation form (a separate form is required for each student)
4. Faculty Member Endorsement & Qualifications Form. Letters of support from other off-site or non-faculty key personnel must also be included.

### **Project Description**

5. Proposal Abstract (*not to exceed 200 words*)
6. Narrative of proposed project (*not to exceed four pages*) must include each of the following:
  - a. Rationale for proposed research
  - b. Relevant background literature
  - c. Research procedures to be employed
  - d. Specific means of evaluation of findings
  - e. Significance of the potential findings
  - f. Minimum of three primary literature sources, but no more than six references

In preparing the Narrative, the writer should assume the reader has little background in the specific research topic avoiding the use of professional or technical jargon to the extent possible. Explain the rationale for the proposed research clearly and explicitly. Each grant request should demonstrate a specific focus and any evidence of preliminary work should be included to ensure that the research and its timetable are feasible.

### **Budget**

7. Itemized Budget (preparation guidelines are provided separately)

The proposal should include an itemized budget. Each budget item requires justification. Faculty stipends are not allowed. At the discretion of the ICFNJ Research Review Committee, budget item maximums may be imposed on certain expenses.

### **REVIEW & SELECTION**

Proposals will be evaluated by a panel consisting of, but not limited to, inter-institutional faculty and professional staff, ICFNJ Business Trustees and professional staff. To ensure a level of conformity to the program goals, eligible proposals will be evaluated on the following criteria:

- Research Merit
- Educational Benefit
- Appropriateness of the Proposed Method or Approach
- Capability of Applicant and/or Faculty Sponsor to Conduct the Proposed Activity
- Appropriateness and Feasibility of the Proposed Budget

ICFNJ reserved the right to act to ensure broad participation by its member institutions.

The award notification will be sent to the President of the College or University with additional copies sent to the Academic Dean and faculty sponsor. All funds will be distributed to the President, or their assigned, for disbursement as required.



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### **SUMMARY OF FINDINGS**

Each student grant recipient will be required to **prepare and submit by February 15, 2016, a one-page abstract** (summary) of their research findings.

In addition, the student will be required to prepare a research poster to be displayed at the ICFNJ Research Symposium and be able to answer questions regarding their project (date, time and location to be announced).

*Sponsoring faculty members are required to attend the Symposium.*

### **RESEARCH SYMPOSIUM – SCHEDULE OF EVENTS:**

August 31, 2015	Call issued for Research Proposals
September 25, 2015	Deadline for Proposal Submissions
October 1, 2015	Awards announced
October 2015	Funds issued to member institutions
October 30, 2015	Interim Report on Research Activities Due
January 15, 2016	Research concludes
February 15, 2016	Abstract of research findings due to ICFNJ
March 2016	Research Symposium – Date and location to be announced



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## Application Form

### PROJECT

Title: \_\_\_\_\_  
 \_\_\_\_\_

College: \_\_\_\_\_ Start Date: \_\_\_\_\_

Department: \_\_\_\_\_ End Date: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student Address:

Home	Street	_____
	City	_____
	State	_____ Zip _____
	Phone	_____
	Email	_____

Campus	Street	_____
	City	_____
	State	_____ Zip _____
	Cell	_____
	Email	_____

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Class of: \_\_\_\_\_ Credits completed at time of application: \_\_\_\_\_ GPA: \_\_\_\_\_

### FACULTY SPONSOR

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENT DEAN

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature indicates that the research undertaken in this project fully complies with your institutions policies and regulations.*



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**Student Responsibility Form**

**PROJECT**

Title: \_\_\_\_\_  
\_\_\_\_\_

Institution: \_\_\_\_\_

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

**PLEASE RESPOND** (approximately 500 characters per section):

- 1. What preparation have you made (or how would you describe your qualifications) to conduct the project?

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

- 2. What three learning outcomes/goals that you hope to achieve?

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Letter of Recommendation

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Project Title: \_\_\_\_\_  
 \_\_\_\_\_

Institution: \_\_\_\_\_

The person whose name appears above is applying for a research opportunity through the Independent College Fund of New Jersey. The Selection Committee will consider multiple factors in reaching its decision. A candid evaluation from you will be of great assistance. This form is for your convenience; however any additional comments are welcome. Please feel free to attach an additional page.

1. How long and in what capacity have you known the applicant?

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

2. In selecting a candidate to conduct research, the Selection Committee would like to learn how this candidate is distinguished from other candidates. Please comment on the applicant's academic ability, personal Character and/or ability to make significant contributions to his/her future profession.

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

### SPONSOR:

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



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Faculty Endorsement Form

Project Title: \_\_\_\_\_

Institution: \_\_\_\_\_

STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

PLEASE RESPOND (approximately 300 characters per section):

1. How will you document student hours spent on this project, work performed by the student(s), and report the information to ICFNJ?

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

2. How will you support the student(s)?

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

3. What learning outcomes/goals do you expect your research participant(s) to achieve?

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

FACULTY SPONSOR

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ College/University \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



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## Project Budget

Project Title: \_\_\_\_\_  
 \_\_\_\_\_

Institution: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

### BUDGET JUSTIFICATION (please provide a description of expense items):

Line Item	Description/Item Cost	Amount
<b>Total Budget</b> should equal sum of all budgetary lines.	Total not to exceed \$1,000.	\$
<b>Equipment</b> purchased with funds received through an ICFNJ grant becomes the property of the ICFNJ member institution and disposition will be at the discretion of the institution's Academic Dean. Funds may be requested for specialized hardware or software additions to existing technology.	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$
<b>Supplies</b> include general items required to conduct, record and report on project.	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$
<b>Travel</b> includes mileage, airfare, meals and lodging. Travel costs for attendance at the ICFNJ Research Symposium or other professional conferences are not eligible expenses.	_____ \$ _____ _____ \$ _____ _____ \$ _____	\$
<b>Student Stipend</b> may be used for funding at a rate of \$9 per hour. Sponsoring faculty member(s) are responsible for providing justification for the estimated number of hours needed to complete the project and provide approximate dates for the span of time encompassing primary work involved in the project. <i>No student stipend will be paid for work resulting in academic credit.</i>	Stipend not to exceed \$900. _____ \$ _____ _____ \$ _____ _____ \$ _____	\$
<b>Other</b> Indicate all other costs involved with the project.	_____ \$ _____ _____ \$ _____ _____ \$ _____	\$