# 2021-2022 Hauge Fellowship

# Application Guidelines

The School of Kinesiology announces the availability of limited funding (a total funding amount of $2,000; $1,000 over 2 awards) to support Doctoral, MS and MA students in the School of Kinesiology for professional development of research related expenses for the thesis/dissertation work.

This is a competitive funding opportunity. In order to qualify, applicants must:

* Enroll full-time and in good standing (Students enrolled in GRAD 999 are not eligible).
* Have a minimum cumulative GPA of 3.2 in the program.
* Not have any other research support for the project described, their own or their advisors.
* The research dollars must directly support the thesis/dissertation project.

Application due date is **February 1, 2021**.

Submit the following application materials to the DGS office (Dr. Zan Gao: gaoz@umn.edu) as one PDF electronically.

* 2021-2022 Hauge Fellowship Application Form
* Copy of an unofficial transcript in the program

**Contact**:

Zan Gao, Director of Graduate Studies

[gaoz@umn.edu](mailto:gaoz@umn.edu)

**First and Last name:**

|  |
| --- |
| *<insert information here>* |

**Name of Project:**

|  |
| --- |
| *<insert information here>* |

**Does the project require IRB or IACUC approval? Is it currently approved?**

|  |
| --- |
| *<insert information here>* |

**Detailed Itemized Justification for the $1000 (i.e., how will the money be spent):**

|  |
| --- |
| *<insert information here>* |

**A brief description of the nature of the proposed project (500 words or less). Briefly include rationale, research or scholarly design, proposed outcomes, and timeline for completion.**

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| --- |
| *<insert information here>* |

Are you applying for a separate source of research funding? If yes, please list, note if received you will not be able to accept the Hauge Fellowship with additional sources.

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| *<insert information here>* |

A memo of support from the graduate advisor. Please have your advisor explain how the proposed project is essential for your scholarly development. Additional confirm that no other dollars are available for the proposed work.

|  |
| --- |
| *<insert information here>* |

Graduate Student signature

Primary Advisor signature

Director of Graduate Studies signature

Date Date

Date

Approved Not approved Amount $