



(If yes, how much? \$\_\_\_\_\_)

## BOWDOIN COLLEGE Mellon Mays Undergraduate Fellowship 2nd Summer Research Request Form

## Student Information: Email: \_\_\_\_\_\_Phone: \_\_\_\_\_ Summer address: \_\_\_\_\_ Academic Information: Research topic: Research advisor: \_\_\_\_\_\_ Department:\_\_\_\_\_ Program: \_\_\_\_\_\_ Contact: \_\_\_\_\_ Institution: \_\_\_\_\_ Duration: \_\_\_\_\_ Research description: Does the program require out of pockets costs? \_\_\_No \_\_\_Yes (If yes, how much? \$\_\_\_\_\_) Does the program offer a stipend? \_\_\_\_No \_\_\_Yes (If yes, how much? \$\_\_\_\_\_)

Will you be requesting a Mellon stipend? \_\_\_\_No \_\_\_Yes