

FRIENDS OF ANTHROPOLOGY
UNDERGRADUATE RESEARCH SCHOLARSHIP
DEPARTMENT OF ANTHROPOLOGY, INDIANA UNIVERSITY

APPLICATION COVER SHEET

APPLICANT INFORMATION

Name:	
Email:	SID:
Major(s):	Minor(s):

PROJECT INFORMATION

Location of project:
Name of project:
Project director:

BRIEF PROJECT DESCRIPTION (1-2 SENTENCES)

APPLICATION INFORMATION

Total Amount Requested:
Recommender name and email:

APPLICANT RELEASE

Student states that his/her participation in the program is wholly voluntary.

Student states that for participation in the program, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the program/field research or suffered by Student (including those related to travel to and from the program/field research).

Student states that he/she will have health insurance to cover their time while participating in the above program.

IMPORTANT: By signing below, student certifies that, if an award recipient, he/she will attend the Anthropology Department spring reception to receive the award.

Signature:	
Printed name:	Date: