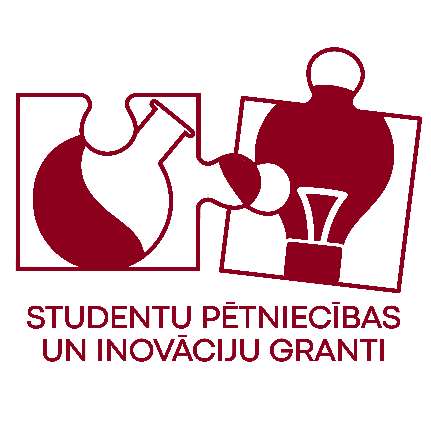
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**APPLICATION**

**for Student Research and Innovation Grant**

|  |  |
| --- | --- |
| **Information about EACH participant of the project team\*** | |
| **Name** |  |
| **Surname** |  |
| **Telephone number** |  |
| **E-mail address** |  |
| **Faculty** |  |
| **Study programme** |  |
| **Year of study** |  |

\* *add a new section for EACH team member as needed*

|  |  |
| --- | --- |
| **Project title** |  |
| **Project Manager** *(a person submitting the project application)* |  |
| **Project duration (when?)** |  |
| **Project realisation period** | * 6 months * 12 months |
| **Project location** |  |
| **Total project costs** |  |
| **Platform, on which the project will be carried out** | * Business incubator * Vertically Integrated Projects (hereinafter - VIP); * Student Research Interest Groups (hereinafter - SRIG) * RSU AA Academy of Researchers. * Resident * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Project goal**  *Not exceeding 1000 characters* |
|  |

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| --- |
| **Project description** *(The planned project vision is required to be described) including expected outcomes*  *Not exceeding 1000 characters* |
|  |

|  |  |  |
| --- | --- | --- |
| **Schedule for project activities *(****sequential, descriptive explanation)*  *Add the number of activity positions as needed* | | |
| Activity | Scheduled completion time | Justification |
|  |  |  |
|  |  |  |

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| --- |
| **Mentor’s consent\***  *\* according to the platform on which the project will be carried out, if applicable* |
| I hereby certify that:   * I have read the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ application; * I have provided information to the team in accordance with Paragraph 2.5 of the Regulations for Student Research and Innovation Grant; * In case of receiving funding, I will provide the necessary advice for the implementation of the project, taking into consideration the provisions of the Regulations for the Student Research and Innovation Grant.   Contact Information:  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, position /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/   *Signature* |

Appended: Project “*title*“ Budget

Project Manager Name, Surname /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Signature