

# Center for Cognitive and Brain Sciences

## Summer Graduate Research Award

### Application Deadline: March 15<sup>th</sup>, 2021

#### AWARD INFORMATION

The **Center for Cognitive and Brain Sciences (CCBS)**, together with participating faculty and departments, is holding its annual competition for the Summer GRA in the Center for Cognitive and Brain Sciences. GRAs will be awarded in the amount of \$5,760 each for Summer 2021 (May 17—August 13, 2021).

#### APPLICATION INFORMATION AND RULES

##### **Applicant Eligibility**

Applicants must be matriculated graduate students at The Ohio State University working with faculty who are members of the Center for Cognitive and Brain Sciences (CCBS). Former recipients of GRAs are eligible, but priority will be given to new applicants. Applicants who are not members of the Center must be nominated by their home department advisor to become a member of the CCBS. **IMPORTANT:** Any student who already has a Summer 2021 graduate appointment or fellowship is not eligible to apply. Additionally, CCBS Summer GRA Awards cannot be deferred to any other session or year.

##### **Application Requirements**

The 2021 Summer GRA in the Center for Cognitive and Brain Sciences Application *must* include:

- Completed application form
- Applicant's curriculum vitae
- Student is enrolled in research hours with their home department and tuition and fees chartfield is completed 2-page proposal of the interdisciplinary project
- Describe all summer commitments outside of the proposed GRA work, including credits enrolled, internships, and/or volunteer positions. Include how many hours per week you will spend on each commitment.

The proposal should have specific, focused goals, and discuss the interdisciplinary nature and benefits of the project. The proposal will be evaluated by faculty outside of the applicant's area. **Please return application materials to: [ccbs@osu.edu](mailto:ccbs@osu.edu)**

##### **Project Guidelines**

Proposed projects will be interdisciplinary and relevant to the Center for Cognitive and Brain Sciences. The applicant's proposed project is to involve a member of the Center for Cognitive and Brain Sciences who is outside of the applicant's home department, known as the "visiting department advisor."

##### **Stipend**

Up to six recipients will receive a stipend of \$1,920 per month, May 17<sup>th</sup> through August 13<sup>th</sup>, for a total of \$5,760.

##### **Fees and Tuition**

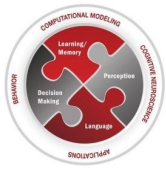
As condition of acceptance, recipients are required to be enrolled in the minimum number of summer research hours with their home department advisor. **IMPORTANT: Tuition and fees must be paid by the home department.**

##### **Award Processing**

The CCBS will initiate the internal processing of the stipend, and tuition and fees, utilizing the home department's provided chartfield. The CCBS will generate a GRA employment appointment. The student will need to be enrolled in research hours with their home department advisor. The student's completed application, signed by the student's home department Chair and Fiscal Officer, serves as authorization for the CCBS to use the home department's chartfield to pay for the tuition and fees. The CCBS award stipend will be processed and paid by the CCBS.

##### **Award Agreement**

Recipients will be notified of the award by email, with copies to their advisors. Recipients will be required to present their findings to the Center for Cognitive and Brain Sciences as either a talk or poster at the CCBS 2021 Annual Member Fall Retreat. Submission of the results for a presentation at the 2021 Annual Meeting of Cognitive Science Society is encouraged. Recipients are expected to facilitate one 3-hour workshop, at the direction of the CCBS Director, at the CCBS Undergraduate Summer Institute (CUSI will be held every Monday, June 7—July 26, 2021, 10:30am-1:15pm). All recipients are to credit the CCBS for support on follow-up papers and projects related to the funded project.



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**APPLICANT INFORMATION**

***PLEASE REVIEW APPLICANT ELIGIBILITY AND RULES OF COMPETITION BEFORE COMPLETING THIS FORM.***  
***All fields are required for application consideration.***

Name:

Email:	Contact Phone:
Mailing Address:	
Title of Project:	

**HOME DEPARTMENT/ADVISOR INFORMATION**

Applicant's Home Department:	Advisor's Campus Phone:
Home Department Advisor:	Advisor's Email:

***Home Department Advisor Acknowledgment:** I will support this student academically during Summer 2021 on this project. I also agree to nominate the student as a member of the Center for Cognitive and Brain Sciences if the student is not currently a member of the Center. I confirm that the applicant can commit an average of 20 hours per week to this project throughout the duration of the appointment period.*

Home Dept. Advisor Signature:	Date:
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***Home Department Chair Acknowledgment:** I understand that recipients are required to be enrolled in the minimum research credit hours for summer and I acknowledge that all tuition and fees will be paid for by my department.*

Home Dept. Chair Signature:	Date:
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Home Dept. Fiscal Officer Name:	OSU Dot #:	Phone:
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Home Department Chartfield for tuition and fees (Required):

Org	Fund	Acct	Proj	Prog	User

**VISITING DEPARTMENT/ADVISOR INFORMATION**

Visiting Department:	Advisor's Campus Phone:
Visiting Department Advisor:	Advisor's Email:

***Visiting Department Advisor Acknowledgment:** I will support this student academically on this project during Summer 2021.*

Visiting Dept. Advisor Signature:	Date:
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**APPLICANT SIGNATURE**

It is the applicant's responsibility to verify he/she meets the Graduate School's requirements regarding credit hours to ensure eligibility to participate in this program. All fields and signatures above are required by the application deadline date in order for this application to be considered.

***Applicant's Acknowledgment:** By signing below, I agree to acknowledge the support of the Center for Cognitive and Brain Sciences in resulting publications and I will present my findings to the CCBS at the annual CCBS Member Fall Retreat.*

Applicant Signature:	Date:
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