



**Summer Graduate Research Award (GRA)  
Application Deadline: April 7, 2026**

**Award Information**

The Center for Cognitive and Brain Sciences (CCBS), together with participating faculty and departments, is holding its annual competition for the Summer Graduate Research Awards (GRA). The goal of the Graduate Research Award program is to support innovative interdisciplinary research in cognitive and brain sciences. Each GRA recipient will be awarded a lump sum of \$6,500 for the Summer Term. Recipients will become members of CCBS upon acceptance of the award.

**Eligibility and Contest 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. CCBS awards cannot be deferred to any other session or year. **A student with a fellowship or a summer graduate appointment (GRA, GTA, or GAA) in the same semester as this award is not eligible to apply.**

**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 two members of the Center for Cognitive and Brain Sciences. One member must be a home department advisor. The second member should be an advisor outside of the applicant's home department, known as the "visiting department advisor." Under some circumstances, we will make an exception for applications with a second advisor within the home department if the nature of the work can be justified to be sufficiently interdisciplinary. If you seek to have two members within the same department, provide a separate 1-paragraph justification statement. Please note that these exceptions are meant to be rare, so the justification is especially critical in order to have a competitive application. Advisors who are not members should complete the CCBS Membership Form before submission of this application. The proposal will be evaluated on intellectual merit, broader impacts, and interdisciplinary. It should have specific, focused goals, and it should detail your planned activities (e.g., describe your experiments and/or research methodology). A scholarly literature review is essential as well. Please emphasize the interdisciplinary nature and benefits of the work, and state how the work addresses major themes in cognitive science.

**Stipend**

Recipients will receive a scholarship fund of \$6,500 to support their research activities over the summer.

**Tuition and Fees**

As a condition of acceptance, recipients are required to be enrolled in the minimum number of summer research hours with their home department advisor. **Tuition and fees must be paid by the home department - refer to section 2 on the following page.**

**Award Agreements**

Recipients will be notified of award decisions by email, with copies to their advisors. **Recipients are required to facilitate one workshop or panel discussion as a group, at the direction of the CCBS Director, at the CCBS Undergraduate Summer Institute (1-hr commitment).** Recipients are encouraged to present their research findings to the Center as a talk or poster at the annual CCBS Fall Retreat in September. All recipients are to credit the OSU Center for Cognitive and Brain Sciences for support on follow-up papers and projects related to the funded project.

**Award Processing**

Awarded students should be hired as Graduate Research Assistants in their home departments during the Summer Term. CCBS will transfer the full graduate summer stipend plus funds to cover fringe benefits to the home department's selected fund. **The home department and PI will be responsible for overseeing the student's research progress during the award period and for disbursing their pay accurately each month.**



Section 1: Applicant

*Please review applicant eligibility & contest rules before completing this form.*

**Applications should include pages 2-3 of this form as well as the following items:** Resume or CV, 2-page project proposal, and description of all summer commitments

Name (First & Last) \_\_\_\_\_

Email (OSU name.#) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Major \_\_\_\_\_

Expected Graduation Date (semester/yr) \_\_\_\_\_

Research Project Title \_\_\_\_\_

Home Department \_\_\_\_\_

Advisor's Name & Email \_\_\_\_\_

Visiting Department \_\_\_\_\_

Visiting Advisor's Name & Email \_\_\_\_\_

Section 2: Home Department Fiscal Information

*Applicants should consult their local fiscal officer to complete this section.*

Awarded students should be hired as Graduate Research Assistants in their home departments during the Summer Term. CCBS will transfer the full graduate summer stipend plus funds to cover fringe benefits to the home department's chosen Worktags (complete section below). **The home department and PI will be responsible for overseeing the student's research progress during the award period and for disbursing their pay accurately each month.**

Fiscal Officer's Name \_\_\_\_\_

Fiscal Officer's Email \_\_\_\_\_

**Worktags:**

CC \_\_\_\_\_

BL \_\_\_\_\_

FD \_\_\_\_\_

Other \_\_\_\_\_



Section 3: Acknowledgements and Signatures

**Applicant Acknowledgement:**

By signing below, I agree to credit the OSU Center for Cognitive and Brain Sciences for support on follow-up papers and projects related to the funded project. I agree to facilitate one workshop at the CCBS Undergraduate Summer Institute, scheduled later. I will also make my best effort to attend and present my findings at the CCBS Fall Retreat in late September.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Home Department Advisor Acknowledgement:**

I will support this student academically during Summer 2025 on this project. I confirm that the applicant can commit an average of 20 hours per week to this project throughout the appointment period. I also confirm that they have support from a visiting department advisor for this research project.

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Home Department Chair Acknowledgment:**

I understand that award 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.

Chair Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in CCBS Summer Graduate Research Awards!  
Learn more at <https://cog.osu.edu/ccbs-summer-graduate-research-award-about>

Send forms to [CCBS@osu.edu](mailto:CCBS@osu.edu)