

## **Sara J. Staggs Undergraduate Award Application Form**

### **Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

University of Oregon ID \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Field of Study \_\_\_\_\_

Did you Participate in Undergraduate Research?    Yes    No

If yes, which lab? \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

### **Graduate School Information**

Name of Graduate School \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_

Date of Offer Acceptance \_\_\_\_\_