

# Sarah Morrison Student Research Award

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## **Research Proposal Components:**

1. Introduction: A general introduction to the issue and review of pertinent literature.
2. Research Question/Hypothesis.
3. Methodology
  - a. Subjects/Sample.
  - b. Research Design.
  - c. Intervention or Exposure.
4. Expected outcomes including how outcomes will be measured.
5. Conclusion including how research findings might be applied to additional research or clinical application.
6. Project budget describing expenses. **Up to \$2,500 may be requested; and an additional \$500 may be requested** for academic/technical enrichment such as conference registration or travel expenses to present the project.  
See sample budget: <http://med.umkc.edu/student-research/sarah-morrison/how-to-apply/>

## **Checklist of required items:**

- Sarah Morrison Student Research Award Application.
- Research Proposal (see list above for specific components).
- Reference form submitted by two (2) university faculty; one of the references should be submitted by your UMKC School of Medicine faculty mentor.
- Current academic transcript (Pathway transcript accepted).
- Copy of current resume or CV (curriculum vitae).
- Year 1 and Year 2 School of Medicine students must have prior approval.  
(See policy at: [http://med.umkc.edu/docs/research/MSI\\_MSII\\_Research\\_Policy.pdf](http://med.umkc.edu/docs/research/MSI_MSII_Research_Policy.pdf))

## **Submit application and required items to:**

UMKC School of Medicine  
Office of Research Administration  
4th Floor – Blue unit Room 308

Phone: 816-235-6015

[hsdresearch@umkc.edu](mailto:hsdresearch@umkc.edu)

# Sarah Morrison Student Research Award Application

Current Year in School: \_\_\_\_\_

Anticipated Graduation Date (mm, yyyy): \_\_\_\_\_

*Project Begin Date*

*Project End Date*

*Student Name*

*Project Performance Site(s)/Collaborating Institution(s):*

*Student Address*

*Mentor Name Printed*

*City*

*State*

*Zip Code*

*Mentor Email*

*Phone number*

*Mentor Signature*

*Email*

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Project Title

Description of how student will accomplish the research in addition to academic/other activities.

Brief description of student's role and direct involvement in the project.

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Please list the names of 2 university faculty who have agreed to complete and submit the Reference Form. One of the references should include your research mentor.

Reference forms should be sent directly to: Sarah Morrison Student Research Award  
Office of Research of Administration, Room M4-308, 2411 Holmes Street, Kansas City, MO 64108  
Or, send via email to [hdsresearch@umkc.edu](mailto:hdsresearch@umkc.edu)

UMKC SOM Faculty Mentor Reference Name

Faculty Reference Name