Research Day at the Capitol - March 30, 2021 Financial Responsibility Form

ACKNOWLEDGEMENT AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I, Research Day Nominee				, hereby accept the
	First	Middle Initial	Last Name	, noroby accopt the
\$250.00 stipend offered to me by the Ol	klahoma NSF E	PSCoR program. I	also acknowle	dge and understand that, in accepting
this support, if I do not fulfill my responsibilities associated with this award (e.g. attend all sessions and complete all associated				
work, including poster development & presentation), I will be responsible for repaying the stipend dollars, as well as any				
expenses that were incurred on my behalf. Mandatory activities include: Virtual Student Informational Training Session				
(12/1/20, via Zoom); Meetings w/Legislators, Oral & Poster Competition, Poster Reception, & Awards Ceremony (3/30/2021).				
X Signature			Date	
с С				
Permanent Mailing Address (not campus address)			CitySta	te must be OK Zip +4
Social Security Number (OSU students provide CWID	instead) Ph	none Number	E-mail Ac	dress
Institution Represented				
INSTITUTION ACKNOWLEDGEMENT				
As the designated representative of			, I,	
	Institution		First/	Last Name of Intitutional Representative

acknowledge that the above named student represents the above named institution. I also acknowledge that this institution will accept full responsibility for the collection of and/or for the reimbursement of expenses incurred on behalf of the above named individual in the event that this individual cannot fulfill the responsibility associated with this award.

X Signature of Institutional Representative

Position Title

E-mail Address

This completed, signed form must be uploaded with your online nomination at: http://www.okepscor.org/official-nomination-form-2021-research-day-capitol

Questions & Contact Information:

Gina Miller, Outreach Coordinator Oklahoma NSF EPSCoR 415 Whitehurst Hall Stillwater, OK 74078-3032 Email: gmiller@okepscor.org Fax: 405.744.7688 Date

Phone Number