

Research Day at the Capitol - March 27-28, 2017

Financial Responsibility Form

ACKNOWLEDGEMENT AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I, Research Day Nominee _____, hereby accept the
First Middle Initial Last Name

\$250.00 stipend offered to me by the Oklahoma NSF EPSCoR program. I also acknowledge 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), I will be responsible for repaying the stipend dollars, as well as any expenses that were incurred on my behalf. The first mandatory activity is the student informational training session on November 12, 2016, in Oklahoma City.

X Signature

Date

Permanent Mailing Address (not campus address)

City

State

Social Security Number

Phone Number

E-mail Address

Institution Represented

INSTITUTION ACKNOWLEDGEMENT

As the designated representative of _____, I, _____
Institution First/Last Name of Institutional 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

Date

Position Title

Phone Number

E-mail Address

**This completed, signed form must be uploaded with your online nomination at:
<http://www.okepscor.org/2017-research-day-capitol-official-nomination-form>**

Questions & Contact Information:

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