

Research Day at the Capitol - March 27, 2018

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 & presentation), I will be responsible for repaying the stipend dollars, as well as any expenses that were incurred on my behalf. Mandatory sessions: student information/training session (11/11/17, OKC), poster/presentation judging (3/26/18, OKC), and poster presentations & awards ceremony (3/27/18, Capitol/OKC).

X Signature

Date

Permanent Mailing Address (not campus address)

City --State must be OK Zip +4

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.okeysco.org/2018-research-day-capitol-official-nomination-form>**

Questions & Contact Information:

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