

# Research Day at the Capitol - March 15, 2012

## ACKNOWLEDGEMENT AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I, \_\_\_\_\_ hereby accept the financial support in the amount of \$250.00 stipend, offered to me by the Oklahoma EPSCoR program. I also acknowledge and understand that in accepting this support, I am obligated to repay expenses incurred on my behalf, if I do not fulfill my responsibility associated with this award (ie, If I do not complete the work associated with stipend monies and present such work at Research Day, then I will be responsible for repaying the stipend dollars received by me.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permanent Mailing Address (not campus address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code +4

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Institution Represented

## INSTITUTION ACKNOWLEDGEMENT

As a designated representative of \_\_\_\_\_, I, \_\_\_\_\_  
(Institution) (Faculty Sponsor Name)  
acknowledge that the above student/faculty member 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.

\_\_\_\_\_  
Signature of Faculty Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

**Original with signatures must be returned to:** Oklahoma State University  
Oklahoma EPSCoR  
Attention: Patricia Greer  
415 Whitehurst  
Stillwater, OK 74078-3032

*This completed form must be returned with accompanying signatures before stipends may be processed.*