

**SID METROPOLITAN DETROIT CHAPTER ACADEMIC AWARD  
APPLICATION FORM**

**Student Information:**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**University Information:**

University: \_\_\_\_\_

College or School: \_\_\_\_\_

Department: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor E-mail: \_\_\_\_\_

Advisor Phone: \_\_\_\_\_

**Research Information:**

Field of Research: \_\_\_\_\_

**Short Description of Research:**

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