



THE UNIVERSITY OF ARIZONA  
COLLEGE OF SCIENCE

Speech, Language,  
& Hearing Sciences

**Student Awards and Scholarships**

## **Thomas J. Hixon Student Research Award Application Form**

Date of request:

Student Name:

Student ID Number:

Student email:

Name of faculty sponsor:

Title of Project:

Date funds are needed by:

Amount requested (up to \$500):

Are the requested funds available from another source?

**Project Description** (3-page limit):

- Research question(s) and hypothesis(es)
- Background (including literature review and any preliminary work already conducted)
- Method (including subjects, tasks, measures, analyses, and/or other relevant information)

**Budget Request**

- Item amount
- Rationale for each item

**Submit application** to Denise Radosevic at [dradosevic@arizona.edu](mailto:dradosevic@arizona.edu)