

***KENTUCKY
YOUNG RESEARCHERS PROGRAM
(KYRP)***

Registration Packet

The *Kentucky Young Researchers Program* (KYRP) is designed to provide financial support for Kentucky high school students working with University faculty on research projects. To be eligible, students must be in either the eleventh or twelfth grade of a Kentucky high school. The program provides a maximum of \$500 per student per fiscal year to faculty mentors to support student research activities. Expenditures may include, but are not limited to, supplies related to the student's research, poster preparation charges, travel support to make presentations based on the research project, or research conference attendance. The faculty mentor is required to work with the department business officer to complete necessary paperwork to access the funds through the *Kentucky Young Researchers Program* office.

Sponsored by
University of Kentucky
Office of the Executive Vice President for Research
Bessie M. Guarrant, Director
352 Bowman Hall, Lexington, Kentucky 40506-0059
(859) 257-6322 * Fax: (859) 257-6321
E-mail: bguer00@email.uky.edu

KENTUCKY YOUNG RESEARCHERS PROGRAM (KYRP)

Section I: Student Information

(Please answer all the questions and fax form to 257-6321.)

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone () _____ **Date of Birth** _____

Male _____ (or) **Female** _____ **Social Security Number.** _____
(Check one)

Racial/Ethnic Background _____

Grade Level (mark one): **Junior** _____ **Senior** _____ **High School GPA** _____

Do you plan to attend the University of Kentucky? _____ Yes _____ No

If not, what university or college do you plan to attend? _____

What college major do you plan to pursue? _____

Name of high school _____

Name of Principal _____

School Address _____

Name of School Sponsor (program director, etc) _____

Sponsor Phone _____

Sponsor Email Address _____

Section II: Research Project Narrative

Please attach a narrative description of the research project. Please limit description to no more than one-page.

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Section III: Research Volunteer Agreement

The student participant is required to complete the Research Volunteer Agreement. If the student is under age 18, the parent or guardian must also sign the form. University faculty who are in the Medical Center may have a similar form. This version bears an important additional provision related to intellectual property that does not appear in the earlier Medical Center copy and which makes this one more specific to research activities. Consequently, even if the other form has been completed this one should also be executed.

Please retain a copy for your self and ensure that a copy of this form is provided to the faculty mentor, and the appropriate UK departmental officials. Application will not be considered complete without this form.

Please contact the office if you have any questions.

I, _____, have volunteered to perform the following types of functions at the University of Kentucky: _____

This volunteer activity has the following types of special risks (if any) associated with it: _____

_____ I agree to complete all safety training as needed to participate in my volunteer activities. I understand and agree that I will receive no compensation from the University for any of my activities, and will not be eligible for any University benefits. I further understand that I will not be eligible for unemployment insurance benefits or workers' compensation benefits. I also understand that I will not be entitled to any future regular University job or position, should one become available.

In consideration of being afforded the opportunity to participate in the activities identified above, I, for myself, my heirs, successors or assigns, hereby release and hold harmless the University of Kentucky, its Board of Trustees, agents, servants and employees, including its faculty members, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage or death arising out of my participation in the activities, including damages, injury, or death arising from the negligence of the aforesaid parties. I attest and verify that I have full knowledge of the risk involved in this event and that I am physically fit and sufficiently trained to participate. I, for myself, my heirs, successors or assigns, hereby assume any and all risks attendant to participation in the event.

In further consideration of the opportunity afforded me to participate in the activities described above, I agree to strictly abide by the terms and conditions of any grant or contract applicable to the volunteer work I am to perform, and if requested to do so will sign a confidentiality agreement regarding these activities. I also agree to be bound by the University's rules and regulations regarding conduct of research activities. I hereby expressly waive any and all claims I may have had as an inventor of any intellectual property, specifically including but not limited to any data or results resulting from these activities, and hereby agree to assign any such rights to the University of Kentucky Research Foundation.

I recognize that the unit for which I have volunteered my services will review, from time to time, the need for volunteers and that utilization of volunteers may be curtailed or eliminated. My duties as a volunteer commence (d): _____

Student Signature

Age

Date

Parent or Guardian

Date

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Section IV: UK Faculty Mentor Form

TO UK FACULTY MENTOR: To be eligible for the student research funds, complete this form, indicating the student to be mentored. The completion of this form entitles you to \$500 to be used to support the research expenditures of the named student. The funds are accessed through the Kentucky Young Researchers Program office. Additional instructions will be provided in a confirmation letter.

Student's Full Name

Name of Faculty _____

Title _____

Department _____ College _____

Campus Address _____

Speed Sort _____ Email Address _____

Campus Phone _____

Name of Dept. Chair _____

Name of Dean _____

Name of Provost/Chancellor _____

Name of Dept. Business Officer. _____

Campus Phone _____ Email Address _____

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The complete registration form must be received and approved before any expenditure is allowed.