

## SCHNEIDER AWARD APPLICATION

FIRST NAME:	LAST NAME:		SID:	EMA	EMAIL:	
ADDRESS:	CITY:	STATE	: ZIP:	PHO	PHONE:	
MAJOR:						
EXPECTED GRADUATION DATE: TERM -		YEAR -				
RESEARCH PAPER/PROJEC	T INFORMATION :					
TITLE*:						
List the UCR undergradua *write N/A if this is a research prop Academic quarter comple		er was originally Spring 2019	submitted*: Summer 2019		Winter 2020	
		Research Proje	ect			
Course Instructor:						
I, Department Award I'm ap						
property of the University						

Department Award recipient, I agree to attend and present my paper at the History Department Awards Luncheon on Friday May 29, 2020

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_