

**COAST Undergraduate Field Experiences Support Program**

**AY 2024-25 Application Form**

Please read the **Announcement** in detail for full details BEFORE applying to ensure you are applying correctly and following all instructions.

All information must be typed. If you have any questions about this form, please contact Lora Johansen ([ljohansen@csumb.edu](mailto:ljohansen@csumb.edu)), COAST Program Analyst. To submit this application, ensure the last page is signed by your CSU Instructor or CSU Research Project Leader (if applicable), save the file as a pdf or Word document (named *LastName\_FirstName\_FieldExperienceApp),* and email it as an attachment to   
<undergraduatefieldcoast@share.calstate.edu>​.

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| **1) Applicant information** | | | |
| First Name: |  | Last Name: |  |
| CSU Campus: |  | Department/Program: |  |
| Student ID: |  | Preferred Pronouns (optional): |  |
| Primary Phone: |  | Primary Email: |  |
| Status (Fresh, Soph, Junior, Senior): |  | Anticipated Graduation (mm/yyyy): |  |
| Are you a prior COAST Field Experiences Support Awardee (Y/N)? | | |  |

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| **I am applying for funds to (check ALL that apply by marking the gray box with an X):** | |
|  | Purchase personal gear needed to engage in field work. |
|  | Travel to engage in field work. |
|  | Pay fees and other costs for field courses or CSU classes (broadly defined). |
|  | |
| **I will be engaged in a field experience as part of a(n) (check ONE box by marking it with an X\*):** | |
|  | A. Official CSU class. |
|  | B. Research project led by a CSU faculty member. |
|  | C. Field course offered by an accredited institution. |

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| Total amount of funding requested ($2,000 maximum, this should match your total budget on page 3): |  |

**2) History of field experience (priority will be given to students who have little or no field experience)**

Please describe any experience you have in academic field work. This may have been part of a class or assisting another student with their research for example.

It is perfectly fine if you do not have any field experience, and you can state that plainly. For example, you can write “I do not have any field experience.” Also, if you have not spent much time in natural outdoor settings (camping, hiking, etc.), please feel free to note that.

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**3) Budget and justification**

Please list any of the following for which you are requesting funds:

* The items you need to purchase with amounts.
  + If you do not know the exact amount, please estimate the amount and put “(estimate)” after the price.
  + If there is a link to the specific item you wish to purchase, please include it.
  + Please estimate and include sales tax and shipping costs. Use your [local sales tax rate](https://www.cdtfa.ca.gov/taxes-and-fees/sales-use-tax-rates.htm).
* Travel expenses.
* Field course fees (including room and board) in excess of the institution’s basic tuition for the course.

Use the Example Budget template provided on the next page. Delete the example content and enter your own specific information.

**EXAMPLE BUDGET for items needed to conduct estuarine field work that requires overnight camping. Use this budget template, delete the example content and provide information for the items you specifically need.**

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| **Item/Description** | **Amount** |
| Sleeping bag <https://www.rei.com/product/206623/coleman-kompact-20-rectangle-sleeping-bag> | $110.00 ($99.95 plus 10% sales tax) |
| Sleeping pad <https://www.rei.com/product/171693/therm-a-rest-basecamp-sleeping-pad> | $165.00 ($149.95 plus 10% sales tax) |
| Waders <https://www.amazon.com/Frogg-Toggs-Bootfoot-Cleated-Outsole/dp/B00KBSO4IK/ref=asc_df_B00KBSO4IK/?tag=hyprod-20&linkCode=df0&hvadid=312065559007&hvpos=&hvnetw=g&hvrand=15469980508472697886&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9031108&hvtargid=pla-569585126850&psc=1> | $46.20 ($41.97 plus 10% sales tax) |
| Headlamp | $50.00 (estimate) |
|  |  |
| 400 miles round trip at 65.5 cents per mile | $262.00 |
| Campground fee | $20.00 |
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| **Total** | **$653.20** |

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| **Justification: Describe how the funds will be used to allow you to do something you wouldn’t be able to do otherwise or wouldn’t be able to do without creating significant financial hardship (use as much space as you need, the box will expand as you type):** |
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**4) Nature of your participation**

Please complete the appropriate section depending on the nature of your participation in a field experience for which you are requesting funds. This should match the information you entered on the first page of this form.

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| **A. If funds are requested to facilitate your participation in a field work as part of an official CSU class, please provide the following information:** | | | | | | | |
| Course number: |  | | | | | | |
| Course title: |  | | | | | | |
| Course description: |  | | | | | | |
| Instructor: |  | | | | | | |
| Instructor email: |  | | | | | | |
| **When will the course be taken?**  Your answer should be TERM, YEAR. For example, Fall 2024. *You can apply for funds to support or enhance your participation in a class you will take in the future or are currently taking.* | | | | | |  | |
| **Are you enrolled in the course?** Mark the gray box that corresponds with your answer with an X. | | |  | Yes |  | | No |
| If you are not yet enrolled, when will you enroll? Please be as specific as possible. *Note: Proof of enrollment will be required prior to distribution of funds.* | |  | | | | | |
| If you are already enrolled in the course, please copy and paste proof of enrollment. This can be a screenshot of your class schedule or a screenshot of your receipt for the course, etc. | | | | | | | |
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| Please describe the field work in which you will engage (use as much space as you need, the box will expand as you type). Please ensure you clearly explain how this field work is related to COAST’s scope: | | | | | | | |
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| **B. If funds are requested to facilitate your participation in a field work as part of a research project led by a CSU faculty member, please provide the following information:** | | |
| Faculty member: |  | |
| Department: |  | |
| Email: |  | |
| Phone: |  | |
| Website: |  | |
| **When will the field work occur?** Your answer should be MONTH, YEAR. For example, August 2024. *You can apply for funds to support or enhance your participation in a project in which you will participate in the future or are already part of.* | |  |
| Please describe the field work in which you will engage (use as much space as you need, the box will expand as you type). Please ensure you clearly explain how this field work is related to COAST’s scope: | | |
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| **C. If funds are requested to facilitate your participation in a field course, please provide the following information:** | | | | | | | | |
| Institution: |  | | | | | | | |
| Course start date (mm/dd/yyyy): |  | Course end date  (mm/dd/yyyy): | | |  | | | |
| Course number: |  | | | | | | | |
| Course title: |  | | | | | | | |
| Website: |  | | | | | | | |
| **When will the course be taken?** Your answer should be TERM, YEAR. For example, Fall 2024. | | | | | |  | | |
| **Are you enrolled in the course?** Mark the gray box that corresponds with your answer with an X. | | |  | Yes | | |  | No | |
| If you are not yet enrolled, when will you enroll? Please be as specific as possible. *Note: Proof of enrollment will be required prior to distribution of funds.* | | | | | |  | | |
| If you are already enrolled in the course, please copy and paste proof of enrollment. This can be a screenshot of your class schedule or a screenshot of a receipt for the course, etc. | | | | | | | | |
|  | | | | | | | | |
| Please describe the field work in which you will engage (use as much space as you need, the box will expand as you type). Please ensure you clearly explain how this field work is related to COAST’s scope: | | | | | | | | |
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**COAST Field Experiences Support Program**

CSU Instructor or CSU Research Project Leader Endorsement

If you are applying for funds to support or enhance your participation in a field experience as part of an **official CSU class** or a **CSU faculty-led research project**, the instructor or research project leader must endorse your request by signing this form. If you are applying for support associated with a **field course** at an accredited institution that is outside the CSU, this endorsement does **NOT** need to be signed.

Your CSU instructor or research project leader should be familiar enough with your request to know what you are asking for support for. For example, they should know if you are asking for support for camping gear, SCUBA gear, waders, or a backpack, etc. In the case of a request for travel support, they should know where you are going, how often and why. Electronic signatures are acceptable.

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| **Applicant Name:** | | | | | | | | |
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| **CSU Instructor or CSU Research Project Leader:** | | | |  | | | | |
| Name: | | |  | Phone: |  | | | |
| Department: | | |  | Email: |  | | | |
| *I have reviewed my student’s application in detail. My signature below indicates that I endorse this application and my student’s specific request(s) and that this application meets the criteria of the Field Experiences Support Program.* | | | | | | | | |
| CSU Instructor or Research Project Leader Signature: | |  | | | |  | Date: |  |
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To submit this application, ensure the last page is signed by your CSU Instructor or CSU Research Project Leader (if applicable), save the file as a pdf or Word document (named *LastName\_FirstName\_FieldExperienceApp),* and email it as an attachment to   
[undergraduatefieldcoast@share.calstate.edu](file:///C:\Users\jass2307\Documents\COAST-Kimberly%2010.23.23\Student%20Programs\Field%20Experiences\2024-25\undergraduatefieldcoast@share.calstate.edu).