



BioTEC Team Awards Application

Team Information

Team Contact: _____ Date: _____
Last First M.I.

Phone: _____ Email: _____

WVUID: _____ Campus: _____

Team Name: _____

BioTEC Award Applying for: **Product Award** **Venture Award**

BioTEC Award Semester and Year Applying for: _____

Has your team ever been supported through this Award? YES NO
 If yes, when? _____

Does your team have at least two students? YES NO

Does your team have at least one member enrolled in or completed Translational Science course? YES NO

 If yes, when? _____

Other Faculty/Staff or Industry Partners involved in team? YES NO

 If yes, explain. _____

Student Team Member Information						
<i>Last Name</i>	<i>First Name</i>	<i>WVUID</i>	<i>Major</i>	<i>Class Standing</i>	<i>Anticipated Graduation</i>	<i>Team Role</i>
Other Faculty/Staff or Industry Partners Team Member Information (if applicable)						
<i>Last Name</i>	<i>First Name</i>	<i>WVUID</i>	<i>Department</i>	<i>Company</i>	<i>Team Role</i>	

Team Innovation Idea

Please Write a Short Summary of your Innovation Idea for your Team below.

(Who, What, When, Where, and Why?)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to funding, I understand that false or misleading information in my application may result in my release. I understand that the funding is intended for research and development purposes only, not personal funds. Funds expenditures must be approved by BioTEC Program and any unused funds will be maintained by the BioTEC Program.

Signature: _____ Date: _____