

## STRAGE INNOVATION AWARD

### STATEMENT OF ORIGINALITY AND SOURCE OF IDEA (SOSI)

Please fill in, sign and submit this form to Jasmine Jones [jjones3@wpi.edu](mailto:jjones3@wpi.edu)

*This form will be viewed by competition administrators only*

**Check all that apply to your idea:**

Product                       Ideas of Basis of IQP                       Idea Will Solve a Social Problem  
 Service                       Ideas of Basis of MQP

**Briefly describe the idea. Provide enough detail of what it is and who can use it. Do not disclose information you want protected until a later time. Use back of form if needed.**

When was this idea conceived? **Date:** \_\_\_\_\_

Where was the idea conceived? **Location:** \_\_\_\_\_

Were WPI resources (i.e., laboratories) used to develop the idea? **Yes**  **No**

**Is there a WPI stake or interest?**

*If you are not sure, please consult with WPI's intellectual property director, Todd Keiller, 508-831-4907, [tkeiller@wpi.edu](mailto:tkeiller@wpi.edu).*

Yes, there is a WPI Stake or Interest

No, there is *not* a WPI stake or Interest

**Who, besides you or your team, is aware of this idea?**

List names and affiliation to you. (i.e. Attorney Jane Doe; Jack Sparrow, advisor; Mic Mouse, friend) Use back of form if needed.

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**By signing this form, you and/or team members believe the above information to be true; you and/or team members claim the idea is not someone else's; and for products, processes, and materials you have found that the idea is are not infringing on an existing patent. Use back of form if needed.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_