MEDICAL STUDENT RESEARCH TRAVEL AWARD APPLICATION

NAME: ___________________________________________________________ Year_________ I.D.#__________________

EMAIL ADDRESS: ____________________________________________________________

AMOUNT OF REQUEST $ ________________ (up to $1,000)

REASON FOR REQUEST:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

YOU MUST ALSO PROVIDE THE FOLLOWING INFORMATION, INCLUDE A COPY OF THE INVITATION/ACCEPTANCE TO PRESENT.

Name, date and location of conference: ________________________________________________

Title of project: ________________________________________________________________

Format of presentation (plenary, poster, workshop, etc.): _______________________________

Name of faculty mentor: ____________________________________________________________

Name of PI (if different from faculty mentor): __________________________________________

I have asked my PI about the availability of funding for presentation of this research ☑Yes ☐No

If so, please indicate the amount and Program/Department: ____________________________

Was this project done as part of the Office of Student Research (OSR)? ☑Yes ☐No

If so, you must request assistance through them before submitting this application.

I certify the above information is correct and that I have reported resources on this application.

SIGNATURE:___________________________________________DATE:____________________

Required Attachment:

• A letter of acceptance or invitation to participate in the meeting/conference.

***PLEASE ATTACH ALL RELEVANT DOCUMENTATION ***