

**MUST BE
TYPED**

Application for Graduate Student Research Travel Scholarship

Applicant Name _____ Office/lab Ext.: _____

Please mail award notification and check (if applicable) to the following address(**no campus addresses**):

(Address) (City) (State) (Zip code)

Person Traveling: ___ Student ___ KU Employee including GTAs, GRAs, etc. ___ Other

Student ID: _____ Employee ID: _____ Social Security #: ** _____

**For security purposes, please only complete the SSN field if you do not have an Employee ID.

Graduate program (degree) _____ in _____
(PhD, MD/PhD, Masters, etc.) (Department or Discipline)*

***Eligible Programs:** Anatomy, Audiology, Biochem., Clinical Lab Sci., Commun. Disorders, Dietetics & Nutr'n, Health Policy & Mgmt., Microbio., Nurse Anesthesia, Nursing, Occ. Therapy, Pathology, Pharmacology, Phys. Therapy, Physiology, Prev. Med., Toxicology.

Year of study _____ Expected date of degree completion _____

Destination: _____ Meeting Dates: _____

Activity/Meeting Name _____

If this meeting is unique, please provide a description, the purpose, and the attendees.

Has the paper been accepted? ___ If so, Title of presentation: _____

Are you Plenary? ___ Poster? ___ Other? (describe) _____

Are you the first author on this presentation? ___ If not, who is? _____

Has your presentation been accepted for inclusion in the meeting? ___

If traveling by car, list names of persons who will accompany you. _____

Estimated Costs:

Transportation cost \$ _____

Ground transportation costs..... \$ _____

Registration \$ _____

Travel Dates: _____

Hotel \$ _____

Mode of Travel : _____

Meals \$ _____

Total \$ _____

List sources and amounts of other funds(grants, departmental awards) available to supplement a potential award.

List dates and amounts of previous SUC and GSR Travel Scholarship awards.

****Please note: (1) Only two travel awards will be granted per year (July 1 to June 30). (2) You may apply for both a GSR and SUC for the same meeting, however only One award may be used per meeting. If awarded both a GSR and SUC awards for the same meeting, you may surrender the award of your choice.**

What other research presentations have you made (include local meetings and Student Research Forum?)
Total number:

List publications you have authored or co-authored, including abstracts (authors, title, citation).
Total number:

Will you use this meeting for job placement? If yes, explain how. If not, explain why not.

Please briefly describe your career plans and specifically indicate how attending this meeting will enhance them.

Please submit **the original application and the following supporting documentation along with 9 complete sets of the application and the items listed below** to the Office of Graduate Studies prior to the appropriate deadline. Please submit proper reimbursable receipts within 2 weeks of return from trip.

1. **LETTER OF RECOMMENDATION** from your research/graduate advisor - should be mailed separately in sealed envelope from advisor. The letter must include the title and approximate amounts of all grants, **including the individual amount from each grant that can be used toward this particular student**. Also include the number of people from the department/laboratory attending the same meeting. Please limit to one page.
2. Please provide a brief (no more than one page, double-spaced) **LAY DESCRIPTION** of the work to be presented at this meeting and the overall significance of this work to your research field. This description should be in terms that individuals **outside your area of research** (i.e. Travel Committee members) **can understand**, and should compliment the research abstract. If not first author on abstract, please explain your role in this presentation.
3. **ABSTRACT BEING PRESENTED** (if abstract does not include affiliation and authors, please add this information.)
4. Request and/or **CONFIRMATION FROM MEETING** organizers to participate.

Deadline – the first working day of the following months: January, April, July, October

Note: An incomplete application will not be forwarded to the Travel Committee for consideration.

Name of graduate advisor (please print) _____ Mail Stop: _____

Applicant's signature

Date

Advisor's signature

Date