

TRAVEL AWARD APPLICATION

APPLICANT INFORMATION

Name: _____ Student ID: _____

Major: _____ Minor: _____ GPA: _____

Year (select one) Freshman Sophomore Junior Senior

Lab you work in: _____ Department: _____

CONTACT INFORMATION:

Campus Address: _____ Permanent Address: _____

Telephone: (_____) _____

Telephone: (_____) _____

Email (UMass): _____

Email (personal): _____

Have you participated in any previous HHMI Undergraduate Science Programs? Yes No
If yes, please indicate program and year of participation (i.e. Gene and Genome, Bioimaging, ARI Spring 2008, SRI 2008, etc)

CONFERENCE/MEETING INFORMATION:

Name of Conference/Meeting: _____ Date it will be held: _____

Location (City/State): _____

ESTIMATED COSTS:

Registration Fee: _____

Abstract Submission Fee: _____

Misc. Fee: _____

Travel (airfare/mileage, etc): _____

Lodging, meals, etc: _____

Total Estimated Costs: _____

Your contribution: _____

Other contributions: _____

Award Amount you are requesting from HHMI: _____

*Please note that we can only reimburse for expenses and cannot give cash advances to undergraduate students before travel takes place.

PRESENTATION INFORMATION:

Abstract Title: _____

Authors: _____

Abstract: *(Please copy and paste your abstract here.)*

Why is presenting your work in this venue important and what do you hope to gain from the experience?