**CVM and BMS TRAVEL FUND APPLICATION**

**Submit completed form to 2008 Vet Med**

* In support of our research and professional development, BMS and CVM encourage students to present their findings at national and international conferences.
* Based on availability of funds, graduate students may receive up to $500 for domestic travel per fiscal year. Consideration will also be given for international travel.
* Application must be submitted 30 days prior to travel.
* Priority will be given to participants who are presenting (first author on oral or poster presentation) at the conference, secondary authors will be considered only if funds allow.

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| CVM TRAVEL GRANT APPLICATION |
| Name |       |  |  |
| Major/Home Dept./Major Professor: |       |
| Phone: |       | Email Address: |       |
| Position/Title, or Academic Year if student: |       |
| Conference at which paper will be presented: |       |
| Briefly describe why this is an important conference for the applicant: |
|       |
|  |
| Full presentation citation for paper (e.g. authors, title, name of conference, month. Use whatever format is acceptable in your field, but please include full names of authors.): |
|      |
| Location of meeting: |       | Meeting dates: |       |
|  |
| ESTIMATED BUDGET |
|  | **Estimated Costs** |  | Paid by Self |  | Paid by Grant or Other Funding |  | Requested from Dept |  |
| Travel |       |  |       |  |       |  |       |  |
| Meals |       |  |       |  |       |  |       |  |
| Lodging |       |  |       |  |       |  |       |  |
| Registration |       |  |       |  |       |  |       |  |
| Incidentals |       |  |       |  |       |  |       |  |
| Totals: | **$** |  | **$** |  | **$** |  | **$** |  |
| Have you applied for funding from any other source? If yes, please list all. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Attach a copy of the abstract and documentation of acceptance for presentation, letter of invitation or other appropriate verification.*Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor/mentor: |  | Date: |  |

 (Required)