**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: | | | | | | | | | | | | | | | | | | | | |
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| 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)