



Application Form for Student Travel Grant

(Please print clearly or type.)

First Name, Middle Initial, Last Name, ASMR Member No.

Email Mailing Address, Daytime Phone

Street

City State/Province, Zip Code, Country

Background Information

Academic Department _____

College/University: _____

Degree Sought: _____

Expected or Actual Graduation Date: _____

Presentation Type: ___ Paper ___

Paper/Poster Title:

Are you the senior author? ___ Yes ___ No Will you be making the presentation? ___ Yes ___ No
Did you receive a Student Travel Grant last year? ___ Yes ___ No

Advisor

First Name Middle Initial Last Name

Email Daytime Phone

City State/Province Zip Code Country

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Travel Expenses

Total projected travel expenses: \$ _____

(Please attach details; include estimated transportation, lodging, meals [max. \$45 per day], and meeting registration fee.)

Total funds available from other sources such as grant funds, department or university funds. (please attach details): \$ _____

Outstanding travel needs requested from ASMR (maximum \$500): \$ _____

Are you currently on an assistantship and/or a scholarship? Yes No

If yes, what is the total annual amount \$ _____

If projected expenses exceed maximum funds available (from other sources plus ASMR Travel Grant), attach details explaining how the difference will be made up.

Verification

The undersigned represent that the information supplied above and on attached documents is true, that the applicant meets the eligibility requirements as stated herein, and that the financial need as stated is accurate.

Student Signature and Date

Advisor Signature and Date