CONFERENCE TRAVEL FUND APPLICATION FORM

Only complete applications can be considered. Please see attached submission guidelines.

PART I: APPLICANT IDENTIFICATION

Name
________________________________________________________________________

Division
________________________________________________________________________

Year of Study
________________________________________________________________________

Email
________________________________________________________________________

APPLICATION PACKAGE CHECKLIST
Only completed application packages will be considered.
A completed application package MUST include the following IN THIS ORDER:

1. Conference Travel Fund Application Form with Parts I to IV completed (with all questions answered, all signatures provided and dated);
2. Budget (Part IV of YSPH Conference Travel Fund Application Form)
3. Abstract (maximum of one page; any additional pages will be discarded)
4. Acceptance from conference organizers (if acceptance letter came via email, please print)

If your application is deemed ineligible but you are still eligible to apply to the next cycle, you will have to submit a new application package. **We cannot return or retain applications.**
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PART II: CONFERENCE INFORMATION

Has your abstract/paper or poster been officially accepted by conference organizers?  Y  N

Title of Abstract/Paper or Poster

________________________________________________________________________

Sponsor Organization: (i.e., APHA, American Association of Immunologists, FOCIS, etc.)

________________________________________________________________________

When is the conference taking place?

________________________________________________________________________

Where is the conference taking place?

________________________________________________________________________

Have you applied for funding from other sources?  Y  N

If so, please list sources and status of decision:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If not, please explain reasons for not applying to other funding for this conference:

________________________________________________________________________

________________________________________________________________________

How would this conference be beneficial to your professional development?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(.use additional paper if necessary)
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PART III: TO BE COMPLETED BY ADVISOR

Are departmental or PI funds available to the applicant?  Y  N

If so, how much? __________________________________________________________

If this student does not receive an award from the YSPH Conference Travel Fund, are other funds available to this student?  Y  N

If so, how much and from what funding source?

________________________________________________________________________
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_______________________   ___________________________________
Name of Advisor       Signature of Advisor

________________________
Date
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PART IV: BUDGET

Transportation to Conference

Transportation During Conference

Accommodation

Rate x Night

Conference Fees

Food

TOTAL COST OF CONFERENCE

Funds Available From Other Sources

Conference Subsidy)**

Personal Contribution

TOTAL AVAILABLE FUNDS

TOTAL REQUESTED

** Please note the specifics of the other funding sources:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
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