

**RESEARCH PRESENTATION TRAVEL AWARD
SPECIAL NEEDS PROGRAM APPLICATION**

NAME: _____ Year _____ I.D.# _____

EMAIL ADDRESS: _____

AMOUNT OF REQUEST \$ _____

CONFERENCE NAME: _____

DATE: _____

LOCATION: _____

Title of project: _____

Short description of project: _____

Format of presentation (plenary, poster, workshop, etc.): _____

Co-author(s)? Please list authors in order: _____

I was a student at UMMS when this research was conducted: Yes No

I was enrolled as an active student at UMMS at the time of this conference: Yes No

Name of faculty mentor: _____

Name of PI: _____

I have asked my PI about the availability of funding for presentation of this research Yes No

Do you have any resources available to help with the cost of travel (i.e. PI or Dept.)? Yes No

If so, please indicate the amount and Program/Department: _____

Was this project done as part of the Student Biomedical Research Program (SBRP)? Yes No

If so, you must request assistance through them before submitting this application

*****EMAIL THIS APPLICATION ALONG WITH INVITATION TO PRESENT AND ALL REQUIRED RECEIPTS IN PDF FILE FORMAT TO MEDFINAID@UMICH.EDU. PLEASE PUT RESEARCH PRESENTATION TRAVEL AWARD IN THE SUBJECT LINE*****

I certify the above information is correct and that I have reported resources on this application.

SIGNATURE: _____ DATE: _____