ASMR
Application Form for Student Travel Grant
(Please print clearly or type)

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

E-mail Address

Daytime Phone

Street Address

City State/Province, Zip Code, Country

Background Information:
Academic Department: ________________________________
College/University: ________________________________
Degree Sought: ________________________________
Expected or Actual Graduation Date: ________________________________
Presentation Type:  ___ Oral  ___ Poster  Presentation Authors: ________________________________

Presentation Title:

Are you the senior author?  ___ Yes  ___ No. Will you be making the presentation?  ___ Yes  ___ No

Did you receive an ASMR Student Travel Grant last year?  ___ Yes  ___ No

Advisor:

First Name, Middle Initial, Last Name

E-mail

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 $250): $ _________________

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