**Wright State University Boonshoft School of Medicine**

**Medical Student Research Travel Award**

**Application Cover Sheet**

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Medical Student’s Name, Class, and Email (please type; handwritten applications will not be accepted)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor’s Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor’s Email Address and Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Representative Who Handles Travel (Name, Email Address and Telephone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Funding Amount Requested

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Meeting Name, Dates, and Location

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Title of Accepted Proposal

**Application Package:**

\_\_\_\_\_ This application cover sheet (MS Word)

\_\_\_\_\_ Copy of proposal acceptance letter/email from meeting sponsor

\_\_\_\_\_ Copy of accepted proposal abstract (MS Word)

**Application Process:**

1. Send the elements of your complete application package as email attachments to: Amber McCurdy (amber.mccurdy@wright.edu), BSOM Office of Research Affairs.

2. CC your application email with attachments to your faculty mentor.

3. Applications must be submitted within one month of receipt of an acceptance letter and one month prior to the date of travel.

4. Notice of award will be made to the medical student and faculty mentor prior to the date of travel. Research Travel award funds will be transferred to the sponsoring department after travel to the meeting is completed.