

**SPECIAL NEEDS PROGRAM APPLICATION**

NAME: \_\_\_\_\_ Year \_\_\_\_\_ I.D.# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AMOUNT OF REQUEST \$ \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

**IF YOU ARE APPLYING FOR FUNDS FOR A RESEARCH PRESENTATION TRAVEL AWARD, YOU MUST ALSO PROVIDE THE FOLLOWING INFORMATION, INCLUDE A COPY OF THE INVITATION/ACCEPTANCE TO PRESENT AND ALL RELEVANT DOCUMENTATION OF EXPENSES.**

Name, date and location of conference: \_\_\_\_\_

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**

**\*\*\*PLEASE ATTACH ALL RELEVANT DOCUMENTATION AND REQUIRED RECEIPTS\*\*\***

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_