# UMB-IMSD Travel Award

Updated 11/13/23

## Important Information:

The purpose of the UMB-IMSD Travel Award is to encourage student involvement in professional societies and scientific conferences. Due to the limited supply of funds, only students who will be presenting papers or posters are eligible for reimbursement. In addition, a student may receive only one fellowship per *academic* year (July-June; see below).

**Applicants must be an active member of the UMB-IMSD Program**. The award is in the amount of $1000.00, which is meant to supplement support by the applicant’s PI/mentor. The application must be completed and signed by the appropriate authorities. **Any incomplete or unsigned applications will not be considered for funding.** Reimbursable expenses include lodging, transportation to and from the meeting, registration fees and food (UMB *per diem*). Rental cars, except in rare cases, are generally not considered necessary for attendance at a scientific meeting. The UMB-IMSD Leadership reserves the right to award fellowships as it deems necessary. All decisions are final. Completed applications may be submitted electronically to the UMB-IMSD Leadership (sgraves@som.umaryland.edu) no later than 5:00PM on the due date.

## Deadlines for Submission:

### Travel Period: Fellowship applications must be submitted by\*:

1st Quarter – July through September June 30th

2nd Quarter – October through December September 30th

3rd Quarter – January through March December 30

4th Quarter – April through June March 30th

\*If the student’s out of pocket costs exceeds $250 prior to attending the meeting, s/he/they may submit an application for the previous quarter’s deadline.

# Applicant Information

(Please print legibly or type)

|  |  |
| --- | --- |
| Student Name: |  |
| Department: |  |
| School: |  |
| Home Address: |  |
| Home/Mobile Phone: |  |
| Campus Address: |  |
| Campus Phone Number: |  |
| Email Address: |  |
| Advisor’s Name: |  |
| Advisor’s Email: |  |
| Name of Meeting: |  |
| Date of Meeting: |  |
| Location of Meeting: |  |
| Current Academic Year (i.e. 1st, 5th):  |  |

Presentation type (check one): [ ]  Oral Presentation [ ]  Poster Presentation

**Please attach a copy of the abstract for the presentation.**

**Please attach a current CV including all scientific meetings attended.**

**Reimbursement Information**

## Requirements:

1. Any expenses that the GSA is being requested to reimburse must have original receipts attached to the application. **If no receipt is attached, the item will not be reimbursed.**

2. Both the applicant and the applicant's primary mentor must sign below.

## Allowances:

1. Reimbursement for meals will not exceed $42.00 per day (receipts must be included)

2. If a private automobile is used, reimbursements will be provided at $0.50 per mile.

**Please fill in completely and attach receipts.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  |  |  |  |  |  |  | **Totals** |
| **Registration**  |  |  |  |  |  |  |  |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |
| **Lodging** |  |  |  |  |  |  |  |
| **Taxi/Uber** |  |  |  |  |  |  |  |
| **Airfare** |  |  |  |  |  |  |  |
| **Car ($0.50/mile)** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |
| **TOTAL:** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Applicant Signature Date Mentor Signature Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mentor Name (Print)**

**Signatures**

The undersigned confirm that all information herein is true, complete, and accurate to the best of the applicant's, advisor's, and administrator's knowledge.

**Signature of Graduate Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student’s Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Departmental Administrator (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**