

University of Chicago Division of the Biological Sciences
BSD TRAVEL FUND APPLICATION FORM

STUDENT INFORMATION

Name: _____ Student ID#: _____
Last name, First name

Year of program entry: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Department/Committee: _____ PI: _____

Lab Phone#/Campus Address: _____

CONFERENCE INFORMATION

Conference/Meeting: _____

Website: _____ Scheduled Dates: _____

Location: _____

Are You Presenting? YES NO Poster Talk

Title: _____

Have you applied for a BSD travel award previously? Yes No

If so, did you receive an award? Yes No

PROPOSED BUDGET:

(If you are still planning your trip please provide an estimate.)

	COST
Registration Fees	\$
Travel Airfare Car Other (specify)	\$
Hotel	\$
Other (specify)	\$

- Are you currently supported by a training grant/fellowship? Yes No
- If yes, name of grant/fellowship _____
- Does it provide you with funds to travel to conferences? Yes No
- Do you anticipate any other funding sources to cover the costs for this meeting? Yes No
- If Yes, what sources? _____ Amount? _____
- Will you be covering any of the cost of attending out-of-pocket? Yes No
- If Yes, how much? _____
- If the cost of the meeting is higher than \$500, how would you cover the additional cost of this meeting?

TOTAL AMOUNT REQUESTED: \$