

APPLICATION: Ravi Misra, PhD, Graduate Student Training Award

Application Criteria: All completed applications are due to the Graduate School (gradschool@mcw.edu) by the June 30th at 11:59pm CST for the Fall semester (July 1 – December 31) and by December 31st at 11:59pm CST for the Spring semester (January 1 – June 30).

The student must...

1. be in good standing with the MCW School of Graduate Studies.
2. be enrolled full-time at MCW for the majority of the semester for which Off-Site Training occurs.
3. attach evidence of acceptance to an Off-Site Training.
4. attach the requested essay.
5. not have previously received this award.

Applicant Name: _____ Degree Sought: _____

Granting Program: _____ Years in Program: _____

Faculty Mentor: _____ Primary Department: _____

Name of Training: _____

Training Location: _____ Travel Dates: _____

Registration Fee: \$ _____ Travel Cost: \$ _____

Total Estimated Cost (including transportation, hotel, and food): \$ _____

I applied for funds from this trip from (check all that apply):

My Lab Amount Approved: \$ _____

My Department Amount Approved: \$ _____

Conference Travel Award Amount Approved: \$ _____

Other Amount Approved: \$ _____

Written Essay Requirements:

All applicants must include a short essay (1000 words or less) addressing the following:

1. What type of Off-Site Training are you attending (*e.g.*, online course, conference workshop, visiting another laboratory)?
2. How are trainees selected for this Off-Site Training (*e.g.*, application-based, all are accepted)?
3. Detail who is leading the Off-Site Training (*e.g.*, a specific individual, team, or society), the specific expertise offered, and the quality of training based on reviews or feedback from previous trainees/advisors.
4. What is the duration, research area of focus, and expected deliverables (*e.g.*, certificate of completion, specific hands-on technical training) of this Off-Site Training? Please mention specifically any training that will be accomplished which cannot be done at MCW.
5. How will this Off-Site Training impact your scientific training?

Required Signatures:

Student Applicant: _____ Date: _____

Faculty Advisor: _____ Date: _____

Program Director: _____ Date: _____

Department Admin: _____ Date: _____