Medical College of Wisconsin
Graduate School of Biomedical Sciences

Graduate Student Conference Education Fund Award Application

Today's Date: _____

Applicant Name: _____
LAST FIRST MIDDLE

Degree-Granting Department: _____

Degree Being Pursued: _____ Expected Graduation Date: _____

Name of Faculty Sponsor and Department of Primary Appointment: _____

_____

Length of time spent by student on this research project: _____

Meeting Title: _____

Location of Meeting: _____

Dates of Meeting: _____

Conference is: ☐ REGIONAL (for National Society) ☐ NATIONAL ☐ INTERNATIONAL

Abstract Title: _____

_____

Authors (in order): _____

_____

It is a requirement that the student applicant is the first author. If the student is NOT the first author, please justify:

_____

Faculty Sponsor: Comment on the student's contribution to the research project and why student is eligible for the award: _____

REQUIRED SIGNATURES

APPLICANT: _____ DEPARTMENT CHAIR: _____

ADVISOR: _____ DEPARTMENT ADMINISTRATOR: _____

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- ⇒ **Abstract showing you are the first author**
- ⇒ **Evidence of abstract acceptance for presentation at the meeting**

Scan and email required documents to the Christine Schaefer (cschaefer@mcw.edu) within 30 days of the last day of the conference, or December 1st, whichever comes first.

Revised 2016