

UMSL Biochemistry & Biotechnology Travel Grant Program
Cover Page

Date of Application: _____

Name of Applicant: _____ **BS** _____ **MS** _____

Email address of Applicant: _____

Current GPA: _____

Term Applicant Entered BCBT Program: _____

Anticipated Date of Graduation: _____

Name of meeting you wish to attend:

Research advisor:

Date(s) of meeting: _____

Location of meeting: _____

Title of Presentation (append abstract): _____

Type of presentation (check one): **oral** _____ **poster** _____

Budget request (list both amount and item):

1. _____

2. _____

3. _____

4. _____

Total: _____

Any prior BCBT travel grant support (Y/N)? If so, provide date and award amount: _____

Please list other funding sources for attending this meeting: _____

Submit this form, 1 page CV, copy of meeting abstract, letter from research advisor at least ONE MONTH prior to travel for meeting to: bcbtinfo@umsl.edu