VCOM Student Travel Request

Student Name: _____

OMS Year: _____

E-mail Address: _____

Please provide the following information:

Name of Conference: _____

Dates of Conference: _____

Conference Location: _____

Has the paper or poster been accepted on the program? ☐ Yes ☐ No

Will you be presenting the paper or poster at the conference? ☐ Yes ☐ No

Have you received a VCOM travel stipend before? ☐ Yes ☐ No

If Yes, to what conference: _____

Note, this program does not provide funding for repeat presentations of the same poster.

All applications must include the following. Please check each included item.

☐ A summary of the paper or poster

☐ A letter of support from the applicant's faculty advisor

☐ A copy of the invitation to participate in the conference (or evidence of participation)

Please include the full, official author list as it would appear on a manuscript:

_____ _____

Signature of Applicant Date

_____ _____

Signature of Faculty Advisor Date