# Society for Applied Spectroscopy

Undergraduate Student Travel Grant Application



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| --- |
| Student Applicant Information |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  City | State | ZIP Code |
| Home Phone: | ( ) | Alternate Phone: | ( ) |
| E-mail Address: |  |
| College or University: |  |
| Major: |  | □ Freshman  | □ Sophomore | □ Junior | □ Senior |
| Advisor’s Name: |  |
| Advisor’s Phone: | ( ) |
| Advisor’s Email: |  |
|   |
| Presentation Information |
| Title: |  | Date submitted to SciX: |  |
| BriefAbstract: |  |
|  |  |  |  |
| Signature |  | Date |  |
| *Please attach a copy of the full abstract as submitted to SciX.* |
| Financial Information |
| **Total Budget Request:** |  |
| □ **Detailed Travel Budget Attached** |
| □ Financial Need Statement Attached |  |
| Alternate Funding Sources: |  |

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|  |
| Faculty Advisor Information *(must be a SAS member in good standing at time of student application)* |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |
|  | Street Address |  |
|  |  |  |  |
|  | City | State | ZIP Code |
| Primary Phone: | ( ) | Alternate Phone: | ( ) |
| Email: |   |

I have reviewed the student section and financial information section of this application and verify, to the best of my ability, that the information provided is correct. I will also provide, along with this application, a letter of recommendation addressing the applicant’s research ability and merit.

|  |  |  |  |
| --- | --- | --- | --- |
| AdvisorSignature  |  | Date |  |

Please email all completed, signed applications and supporting material to sasadmin@s-a-s.org or mail to Society for Applied Spectroscopy, 168 West Main Street, #300, New Market, MD 21774