# Society for Applied Spectroscopy

Undergraduate Student Travel Grant Application



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | |  | |
| Brief  Abstract: | | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |  | | | | |
| 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: | | | | | | | | | |  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor  Signature |  | Date |  |

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