STREM FAMILY TRAVEL AWARD **APPLICATION**

Name	:	
Date S	Submitted:	Advisor's name:
Camp	ous lab location: _	Campus phone:
Date of	of Comprehensive	Exam:
Name	of Scientific Me	eting:
	Dates:_	
	Location	ı; <u> </u>
Are y	ou presenting:	Talk Poster (check box)
		Signature:
attend meeting awar this av	lance at scientific ng. The scien d. Applicants m ward only one tim	Fravel Awards will consist of 15 \$500 awards per year for meetings. Applicants must be presenting a talk or poster at the tific meeting must occur within 1 year of the ust have passed the comprehensive examination and can receive e.
		Hay in room 234 CSC
Ketur	ii ioiiii to Ciiristic	Tray in 100m 254 CSC
Trave	l Grant:	Approved Denied
		Assistant Chair
Cc:	Student Student file	

Evon Nigro