



## Division of Biological Sciences

University of Missouri

### Dr. Philip and Betty Jen Neuroscience Student Travel Award Fund

The Dr. Philip and Betty Jen Neuroscience Student Travel Award Fund shall award one or more annual travel award(s) to neuroscience graduate students in the Division of Biological Sciences (with or without affiliation with the Interdisciplinary Neuroscience Program). The award shall be used for student travel expenses to attend professional meetings and/or conferences. Support is limited to airfare or mileage and registration costs. Applications should be submitted to the Director of the Division of Biological Sciences no later than one month prior to the meeting.

#### APPLICANT INFORMATION

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Campus address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Degree program: ☐ M.A. ☐ Ph.D. Date enrolled in degree program: \_\_\_\_\_  
Degree Progress: ☐ Passed comprehensive exam ☐ Completed course work ☐ Completed research  
Thesis advisor: \_\_\_\_\_

***\*\*Please submit your CV along with this application.***

#### MEETING INFORMATION

Meeting Name: \_\_\_\_\_  
Meeting Location: \_\_\_\_\_ Meeting Dates: \_\_\_\_\_  
Meeting Sponsor: \_\_\_\_\_  
How will you be participating in this meeting? ☐ Presenting a poster ☐ Giving oral talk ☐ As an attendee  
What is the title of your poster or talk? \_\_\_\_\_

*If presenting a paper or talk:*

Were you invited? ☐ Yes ☐ No  
Was your paper or talk refereed? ☐ Yes ☐ No If yes, by whom: \_\_\_\_\_  
What is the length of the talk? \_\_\_\_\_  
Who funded the research? \_\_\_\_\_  
Will your talk be published as a paper? ☐ Yes ☐ No  
If yes, where and when: \_\_\_\_\_

***\*\*Please submit the abstract for your oral or poster presentation along with this application.***

#### COSTS

Mileage	\$	_____	(miles x 0.52)
Airfare	\$	_____	
Hotel	\$	_____	
Registration fee	\$	_____	
Other (e.g., MO-X)	\$	_____	
<b>Total cost to attend meeting:</b>	<b>\$</b>	_____	

## SUPPORT

*Please list all other support you have obtained or applied for to support this activity:*

	<i>Sponsor name:</i>	<i>Amount Requested</i>	<i>Date Applied</i>
1.	Advisor Support (required):	\$	n/a
2.		\$	
3.		\$	
4.		\$	
5.		\$	

Amount you are requesting from the Jen Fund \$

*If you have received support from the Dr. Philip and Betty Jen Neuroscience Student Travel Award Fund before, please note the name(s) and date(s) of meetings supported and amount of previous support*

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## OTHER MEETINGS ATTENDED

Please provide names and dates of previous scientific meetings/conferences you've participated in and how you participated (i.e., talk, poster, attendee)

[illegible]

## Responsibilities

Recipients of the Dr. Philip and Betty Jen Neuroscience Student Travel Award Fund agree to (1) write a personal thank you letter to Dr. Philip and Betty Jen acknowledging receipt of the award along with an explanation of how it has helped their professional career and (2) have their name and a description of their funded activity shared in reports and on the Web.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return completed and signed form along with your CV and abstract of poster or oral presentation to:

Dr. John Walker, Curators Professor & Director  
Division of Biological Sciences, 105 Tucker Hall.

### Decision

Fund: ☐ Yes ☐ No      Amount: \_\_\_\_\_      Date: \_\_\_\_\_