Application for GEFRAC Student Travel Award
College of Pharmacy

APPLICATION GUIDELINES

The College of Pharmacy provides travel stipends to graduate students who are presenting their research at scientific conferences, attending research training workshops, or traveling to another institution for research training that has immediate impact on their dissertation/thesis research. The funds are awarded and administered through the Graduate Education and Faculty Research Affairs Committee (GEFRAC).

Applications for travel awards are evaluated once a semester. Application deadlines are March 25th (Spring) and September 25th (Fall). Only domestic travels are supported. Travel ward shall not exceed the total cost of the travel. Currently a student can request up to $2,000 per calendar year. However, due to budget constraints and the application pool, travel award amount is subject to change.

GEFRAC strongly encourage student to work with their major research advisor to apply and secure alternative/supplemental funding. It is important to provide justifications of the planned travel and documentary evidence of abstract submission, acceptance, and the availability of alternative/supplemental funds.

Directions:

1. Complete the application form.
2. Attach all supporting documents, including abstract, submission and/or acceptance confirmations, meeting program, and evidence of alternative/supplemental travel support, etc.
3. For conference presentations, the applicant must be listed as an author or a presenter on the accepted abstract. Award will be contingent on the submission of all materials if acceptance confirmation is not available at the time of application.
4. For research training, award will be contingent on the submission of evidence of training completion.

Complete application (a single PDF file) should be emailed to:

Chairperson, GEFRAC  
C/O BSPCI Administrative Assistant  
bpisci@isu.edu  
ISU College of Pharmacy

GEFRAC will review and inform the applicants its decision as soon as possible, preferably within one month of the application due dates.
APPLICATION
FOR GEFRAC STUDENT TRAVEL AWARD
COLLEGE OF PHARMACY
SUBMIT THIS FORM WITH ALL SUPPORTING DOCUMENTS
Email: bpsci@isu.edu  Attn: Chairperson, GEFRAC

Name _______________________ Dept _____________ Major Advisor_____________________
Academic Level ______ ISU Email ________________________ Phone__________________
Address __________________________________________________________________________

1. Conference/Meeting/Training  Workshop Name________________________________________

2. Meeting Website __________________________________________________________________

3. Meeting Destination (city, state):_____________ Travel Dates:________________________

4. Justifications (describe impact and relevance to student’s research development within 5 sentences)

5. Presentation format: _____ Poster _____ Podium Talk _____Other (specify)________________________

6. Are you listed as an author (Yes/No) _________or a presenter (Yes/No)? __________
   If Yes to either, Indicate status of your abstract submission.
   ___ Not Submitted, Anticipated Submission Date: ____________
   ___ Submitted/Pending Review, Expected Decision Date: __________  (Attach Submission Confirmation)
   ___ Accepted (Attach Acceptance Confirmation)

7. Travel Expenses:  Registration:  $_________ Lodging: $_________ Air Fare: $_________
   Ground Transportation: $________    TOTAL ANTICIPATED: $___________

8. Amount of GEFRAC Travel Award Requested: $____________

9. Have you applied for alternative/supplemental funding? (Yes/No) ________
   If Yes, Attach your funding application
   Funding Source: ___________________________________________________________________
   Funding Web Site: __________________________________________________________________
   Expected Funding Amount: $____________ Expected Notification Date: __________________
   Note: It is important to document how travel expenses will be fully funded.

____________________________________________________________________________________
Student (Signature)       Date

____________________________________________________________________________________
Major Advisor (Signature)    Date