**CHECKLIST**

**CHANDRASHEKAR TRAVEL AWARD**

(Dr. Varadaraj Chandrashekar Memorial Assistant Supplement)

**Directions:** ALL of the requested information must be supplied. The student portion of the application should be collated into one pdf file and sent electronically. The mentor letter should be sent under separate cover. The files should be sent by e-mail to the Chair of the Physiology Awards Committee or Awards Committee designee.

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT:** |  | **MENTOR:** |  |

**MEETING OR CAREER DEVELOPMENT OPPORTUNITY:**

|  |  |  |
| --- | --- | --- |
| **Meeting, Lab or Training Program:** | **Dates:** | **Location (City, State, Country):** |
|  |  |  |

|  |  |
| --- | --- |
| **Total Budget Amount Request (usually < $1,000):**  |  |

Please assemble your application in the following order and check your application for adherence to page limitations:

 1. Checklist page

 2. Details of expected travel expenses. Complete budget page of application.

 3. Copy of submitted abstract or a description (< 500 words) of research to be included to be included in the abstract.

 4. Statement (≤1 page) written exclusively by the student describing his/her involvement in the research project and detailing the impact the award would have on his/her career development.

 5. Mentor’s letter (sent under separate cover).

*Please request a letter from the Physiology faculty serving as research mentor commenting on student’s contribution to the project, level of input to the design and execution of the experiments, overall aptitude for research and rank of the applicant student relative to brightest/strongest students and weakest students in the mentor’s experience.*

Have you previously been awarded the Chandrashekar Travel Award?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NO |  | YES | If YES, what year: |  |

Has abstract been accepted for platform or poster presentation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES, Platform |  | YES, Poster |  | Pending |  | NO |

**BUDGET PAGE**

**Travel Information:**

|  |  |
| --- | --- |
| Date of Departure: |  |
| Date of Return: |  |
| Destination: |  |

**Estimated Travel Costs:**

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Category | Subcategory | Per day x days (if applicable) | Total for Trip |
| Transportation: | Personal Vehicle |  |  |
|  | SIUC Vehicle |  |  |
|  | Airfare |  |  |
|  | Train |  |  |
|  | Cab |  |  |
|  | Other |  |  |
| Lodging: | Hotel |  |  |
|  | Other |  |  |
| Meals |  |  |  |
| Abstract Submission Fees |  |  |  |
| Meeting Registration Fees |  |  |  |
| Other (identify subcategory): |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Travel Costs:** |  |

**Justification for “Other”:**

|  |
| --- |
|  |

**Other Funding Sources if Amount of Trip exceeds $1,000:**

|  |  |  |
| --- | --- | --- |
| **Account No.** | **Account Title** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |

**ABSTRACT OR PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| **ABSTRACT TITLE:** |  |

**AUTHORS** *(in exact order as abstract submission)***:**

|  |
| --- |
|  |

**Applicant:** Are you presenting author?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES |  | NO | If NO, who is presenting author: |  |

*Insert abstract/description below.*

**STUDENT’S STATEMENT (1 PAGE LIMIT)**