



Medical College of Wisconsin
 Graduate Student Conference Education Fund
 Award Application
 Revised: February 2024

Instructions: See the award eligibility requirements in the *Graduate Student Association* module on Brightspace in “Module 3.4 Awards” or under “Travel Awards” on the GSA website. Submit the following documents to the Graduate School (gradschool@mcw.edu) no more than 20 business days following receipt of abstract acceptance or prior to the start of the conference, whichever is earlier:

1. Proof of abstract acceptance for the conference they wish to attend.
2. The following application is signed by the applicant, their mentor, and their program director.
3. Signed Travel Fund Volunteer Service Form.
4. Proof of Travel Fund Presentation.

Applicant Name: _____ Degree Sought: _____

Granting Program: _____ Years in Program: _____

Faculty Mentor: _____ Primary Department: _____

Name of Conference: _____

Conference Location: _____ Travel Dates: _____

Conference Category: Virtual Regional National International

Presentation Category: Poster Paper Unsure

Abstract Title: _____

Authors (in order): _____

Date of Volunteering: _____ Date of GSA Presentation: _____

Registration Fee: \$ _____ Abstract Submission Fee: \$ _____

Total Estimated Cost (including transportation, hotel and food): \$ _____

I applied for funds from this trip from (check all that apply):

My Lab	Amount Approved: \$ _____
My Department	Amount Approved: \$ _____
Conference Travel Award	Amount Approved: \$ _____
Other	Amount Approved: \$ _____

Required Signatures:

Student Applicant: _____ Date: _____

Faculty Advisor: _____ Date: _____

Program Director: _____ Date: _____

Department Admin: _____ Date: _____



Medical College of Wisconsin
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Travel Fund Volunteer Service Form
Revised: December 2023

This form must be signed by the supervisor at the completion of service. If a supervisor is not designated in the [Approved GRC Travel Fund Events](#), then the event leader will act as the supervisor.

Event Details:

Event Name: _____ Date: _____

Participant Information:

Student's Full Name: _____

Activity Tracking:

If this activity is classified as "hourly" in Approved GRC Travel Fund Events, please indicate your clock-in and clock-out time for this event.

Clock-In Time: _____ Clock-Out Time: _____

Notes for other tracking options: _____

Required Signatures:

I, the undersigned student, acknowledge my participation in the Travel Fund Volunteer Service Activity. I confirm that I have fulfilled the responsibilities assigned to me during the event. By signing below, the student and supervisor agree that the information provided is accurate and reflects the student's participation in the specified Travel Fund Volunteer Service Activity.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Thank you for your commitment to MCW community service! Please include the signed form along with the rest of your travel award application materials.