

Application for a CGHS Travel Award
(Current award limited to \$500)

Student Name:

Email Address:

Research Advisor:

Year of matriculation:

Date accepted into candidacy:

Name and Location of Meeting:

Date of Meeting:

1. Please attach a brief but thorough description of the paper/abstract/poster being presented.

2. Please attach documentation of the acceptance of this work for presentation or indicate the date when notification will be received.

Date of application:

Please return to
Felicia Washington (fmartin7@uthsc.edu)
College of Graduate Health Sciences
920 Madison, Suite 807
Memphis, TN 38163

Rev. 04/18