



Society for Applied Spectroscopy

Undergraduate Student Travel Grant Application

Student Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

College or University: _____

Major: _____ Year in School: _____

Advisor's Name: _____

Advisor's Phone: () _____

Advisor's Email: _____

Presentation Information

Title: _____ Date submitted to SciX: _____

Brief Abstract: _____

Signature _____ Date _____

Please attach a copy of the full abstract as submitted to SciX.

Financial Information

Financial Need Statement: _____

Approximate Travel Budget: _____ Alternate Funding Source: _____

Faculty Advisor Information
(must be a SAS member in good standing at time of student application)

Full Name: _____
Last First M.I.

Address: _____
Street Address

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Email: _____

I have reviewed the student section and financial information section of this application and verify, to the best of my ability, that the information provided is correct. I will also provide, along with this application, a letter of recommendation addressing the applicant's research ability and merit.

Advisor Signature _____ Date _____

Please email all completed, signed applications and supporting material to sasadmin@s-a-s.org or mail to Society for Applied Spectroscopy, 168 West Main Street, #300, New Market, MD 21774.