

## Application Form for SSMR 2019 Travel Award

*Application Form and all other application documents should be prepared in electronic format as a **SINGLE PDF** file, and emailed to [ziontse@uga.edu](mailto:ziontse@uga.edu) with the email subject of "SSMR Travel Awards." The deadline is April 7, 2019; 23:59 US EST.*

**Eligibility: Applicants have to be current students at US institutions. US Citizens, US Permanent Residents, and Foreign citizens attending schools in the US are eligible. US citizens attending school overseas are not eligible.**

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Institution Address: \_\_\_\_\_

**Applicant Contact Information:**

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Applicant's Supervisor:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Honorific	Professional Classification	Primary Field of Endeavor
<input type="checkbox"/> M.D. student	<input type="checkbox"/> Basic Science	<input type="checkbox"/> Surgery
<input type="checkbox"/> M.D.	<input type="checkbox"/> Translational Science	<input type="checkbox"/> Diagnostics and Therapeutics
<input type="checkbox"/> Ph.D. student	<input type="checkbox"/> Engineering	<input type="checkbox"/> Surgical Robotics
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Clinical Study	<input type="checkbox"/> Rehabilitation and Assistive Robotics
<input type="checkbox"/> Post-doc	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	<b>Professional Affiliations (e.g. IEEE/ASME/IMechE/IET)</b>	

**Citizenship:**

U.S. Citizen or Permanent Resident       Other (please indicate): \_\_\_\_\_

Will you be presenting?  Yes  No      Are you an author on a poster?  Yes  No

If you are an author or a presenter for a poster, please provide the title and the authors for your poster:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Itemized list of anticipated travel expenses (receipt(s) will be required eventually for travel reimbursement):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Applicant Signature: \_\_\_\_\_

Total \$ \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_