

## Dean's Office Medical Student Travel Grants

**Purpose:** To help IUSM medical students defray the cost of attending regional or national meetings to present their scientific research or other scholarly work, the Dean's Office makes available, on a competitive basis, travel grants of up to \$500.

**Scope:** Examples of scholarly work include

- Laboratory research
- Clinical research
- Health services research
- Public health research
- Medical service learning projects
- Scholarship of teaching and learning

### Qualifications:

- Must be an **enrolled** IUSM medical student
- Must be in good academic standing at time of scheduled meeting
- Must be the **presenting** author of a poster or platform session

### Limitations:

- A qualified medical student can receive no more than **\$500** in reimbursement for each qualified meeting attended. Legitimate meeting-related expenses are limited to
  - Registration fee
  - Transportation
  - Hotel
- A qualified student can receive no more than **two separate** travel grants for **two separate** projects during his/her tenure at IUSM; funding will not be provided to present the same study at more than one meeting.

**Application Process:** Submit the application form and these supporting documents at least **30 days** prior to the meeting date

- Provide copy of abstract describing the research or project
- Provide copy of official notification from meeting organizers indicating that the work has been accepted for presentation. The document should also indicate the date and location of the meeting.

**Selection Process:** Project abstracts will be reviewed and ranked according to

- Originality
- Relevance
- Organization
- Clarity

Each year, the Dean's Office will award Student Travel Grants to approximately **20** of the top-ranked abstracts, assuming the availability of funding.

# Application

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*(To be completed by medical student presenting the work)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Current Campus (circle one): BL EV FW IN LA MU NW SB TH

Class Year (circle one): MS1 MS2 MS3 MS4

Title of Presentation \_\_\_\_\_

\_\_\_\_\_

Author(s) \_\_\_\_\_

\_\_\_\_\_

Sponsoring Society or Organization (no acronyms) \_\_\_\_\_

\_\_\_\_\_

Meeting Location \_\_\_\_\_

Meeting Dates \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit all documents to:**

*Jose Espada*

*Indiana University School of Medicine*

*635 Barnhill Drive*

*Medical Science Building, Room 119*

*Indianapolis, IN 46202*

*317-274-1967*

[jespada@iupui.edu](mailto:jespada@iupui.edu)