UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT ROCKFORD
Office of Research

Medical Student/Resident Research Travel Award
Summary Information

Purpose:
The purpose of the Student/Resident Research Travel Award is to provide Rockford medical students and residents the opportunity to share their research at a national/international forum and network with researchers from around the country/world who are involved in similar research. Medical students are eligible for $1,000 grants and residents $500. Grants are available through the College of Medicine Rockford Office of Research for medical students and residents who meet the following requirements:

Requirements:
1) Be in good academic standing.
2) Be the first author on the presentation.
3) Be the individual who will be presenting the oral presentation or the poster at the meeting.
4) Research was done while a student/resident at the University of Illinois College of Medicine at Rockford.
5) Submit a one-page summary of the experience (called the Presentation Research Summary Form) after the presentation discussing the experience and the impact it has had on your interest in research in general and in your specific area of research.

Application:
1) All applications must be received at least one month prior to the presentation. Applications received after that date, or after the presentation, will not be accepted and will not be eligible for funding.
2) Within one week of submission, a decision will be made on the award. Applicants will be notified via e-mail.
3) Each student is only eligible for one grant per academic year.
4) The grant cannot be used to present research that is already being supported by travel funds from the James Scholar program.

Eligible Expenses and Reimbursement Process
All expenses, except for meals, must have receipts to be reimbursed. The Presentation Research Summary Form must be submitted with the receipts. Reimbursement will not be given without completion of the Presentation Research Summary Form.
1) Air travel at economy class. (Keep and submit receipt for flight).
2) Ground transportation. (Keep and submit receipts).
3) The daily hotel housing cost cannot exceed the cost of the hotel where the conference is being held. (Submit a copy of the conference brochure and paid hotel bill).
4) Poster preparation expense.
5) Registration for the conference.
Receipts are not needed for meals. As per UIC policy, the per diem rate for food is $28.00/day for in state and $32.00/day for out of state. Meals provided by the conference will not be reimbursed.

Receipts, conference brochure and the *Presentation Research Summary Form* should be submitted to lorindah@uic.edu within one month of returning from the research meeting. Please note, it typically takes between 4-8 weeks for reimbursement once the receipts are submitted.
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Application Form

Name: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Date Application Form Submitted: Click or tap to enter a date.

Date of Presentation: Click or tap to enter a date.

Name of Conference: Click or tap here to enter text.

Title of Research Presentation: Click or tap here to enter text.

Research Mentor: Click or tap here to enter text.

Was the research project funded? Yes □ No □

If yes, who provided the research funding? Click or tap here to enter text.

Please answer each of the following three questions:

1) Are you the first author on the presentation? Yes □ No □

2) Will you be the presenter at the meeting? Yes □ No □

3) Was the research performed while you were a student/resident at the University of Illinois College of Medicine at Rockford or during your first year of medical school at Urbana-Champaign? Yes □ No □

** To be eligible for funding, all three questions must be answered Yes.
Either A, B, C or D below must be signed and dated.

A. First and second year medical students must have approval for missing class from the Office of Medical Education.

   Date:  Click or tap to enter a date.  
   Name of faculty/staff:  Click or tap here to enter text.  
   Approval Signature:  ________________________________

B. Third and fourth year medical students must have approval of the clerkship or elective director if you will be missing time from a clerkship or elective.

   Date: Click or tap to enter a date.  
   Clerkship Name:  Click or tap here to enter text.  
   Clerkship Director Name:  Click or tap here to enter text.  
   Approval Signature:  ________________________________

C. If you will not be missing any course work, clerkship, or elective time please sign your name and date.

   Date:  Click or tap to enter a date.  
   Name:  Click or tap here to enter text.  
   Signature:  ________________________________

D. Residents must have approval from the Residency Program Director for missing time from clinic and/or clinical rotation.

   Date:  Click or tap to enter a date.  
   Name:  Click or tap here to enter text.  
   Signature:  ________________________________

Include a copy of your abstract and letter of acceptance of your presentation from the conference (these are mandatory requirements) with this application form.

Completed form and letter of acceptance from the scientific meeting should be sent to Lori Dredske at lorindah@uic.edu. Please feel free to contact Ms. Dredske with any questions at 815-395-5733.
Medical Student/Resident Research Travel Award
Presentation Research Summary Form

Date:  Click or tap to enter a date.

Name:  Click or tap here to enter text.

Name of Scientific Meeting:  Click or tap here to enter text.

Title of Your Presentation:  Click or tap here to enter text.

Please write a minimum of two paragraphs about your experience as a presenter at the national or international scientific meeting that you attended. What impact did participating in the meeting have on you? Did you have the opportunity to interact with researchers from other institutions? What advice would you give students/residents in the future? Should this grant program be continued?