**Medical Student/Resident Research Travel Award Summary Information**

**Purpose:**

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

**Requirements:**

1. Student/resident applying for grant must be
	1. in good academic standing
	2. the first author on the presentation
	3. the individual who will be presenting at the meeting.
2. Research must have been conducted while a student/resident at UICOMR.

To receive reimbursement, upon completion of travel the grant recipient must submit the *Research Presentation Summary Form* – a one-page summary regarding their experience.

**Application:**

1. All applications must be received at least one month prior to the presentation. Applications not received in a timely matter may be denied.
2. When practical, a decision will be made on the award within one week of application submission. Applicants will be notified via e-mail.
3. A student or resident may only be awarded one grant per fiscal year (July 1 to June 30).
4. Residents must exhaust their continuing medical education (CME) funds before applying for travel funds.
5. 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**

Grant recipients may be reimbursed for the following eligible expenses:

1. Registration for the conference.
2. Air travel at economy class, including baggage fees.
3. Ground transportation.
4. Lodging.
5. Poster preparation expense.

IMPORTANT: Receipts are required for all expenses *except* meals. Meals are reimbursed using the University’s per diem rate of up to $28/day in Illinois and up to $32/day outside Illinois. Meals provided by the conference will not be reimbursed. Receipts, conference brochure and the *Research Presentation Summary Form* should be submitted to Daliah Brown at dzbrown@uic.edu within one month of returning from the research meeting. Please note, student reimbursements are processed through Student Accounts. If the student has a zero balance then the reimbursement will be issued to the student, otherwise it will be applied to any outstanding Student Accounts balance.

**Medical Student/Resident Research Travel Award Application**

**Section I:**

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 Rockford? Yes [ ]  No [ ]

**To be eligible for funding, all three questions must be answered Yes.**

**Section II: Medical Student/Resident Research Travel Award Application Signature Page**

**Section II (a):**

**Please have Student Affairs complete section II (a).**

* Students who fail courses which require make-ups are not eligible.
* Students required to complete summer remediation exams are not eligible.
* Students may only participate in one summer fellowship program.
* Students must be active and not on a leave of absence.

The above named student: ❑ IS academically eligible. ❑ IS NOT academically eligible.

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Assistant Dean for Student Affairs Date

**Section II (b):**

**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 and Evaluation.

Name of faculty/staff: Click or tap here to enter text.

Approval Signature: Date: Click to enter date

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.

Clerkship Name: Click or tap here to enter text.

Clerkship Director Name: Click or tap here to enter text.

Approval Signature: Date: Click to enter date

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

Name: Click or tap here to enter text.

Approval Signature: Date: Click to enter date

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

Name: Click or tap here to enter text.

Approval Signature: Date: Click to enter date

**STOP**

**HERE**

**Submit completed application, along with copy of abstract and official notification of acceptance to Daliah Brown (****dzbrown@uic.edu****). Contact Ms. Brown with any questions at 815-395-5733.**

**Based on my review of the information submitted, the Research Travel Award requested above**

**\_\_\_\_\_\_ is approved \_\_\_\_\_ is not approved.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Alex Stagnaro-Green, MD, MHPE, MHA
 Interim Director of Student Research, Office of Research**

**Regional Dean**

**Professor of Medicine, Obstetrics and Gynecology, and Medical Education**

**Medical Student/Resident Research Travel Award Research Presentation Summary Form**

**Receipts, conference brochure and the *Research Presentation Summary Form* should be submitted to Daliah Brown at** **dzbrown@uic.edu** **within one month of returning from the research meeting. Please note, student reimbursements are processed through Student Accounts. If the student has a zero balance, then the reimbursement will be issued to the student, otherwise it will be applied to any outstanding Student Accounts balance.**

**Name:** Click or tap here to enter text.

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

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

**Title of 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?