Minnesota Section of the American Chemical Society
Application for Graduate Student Travel Grant

Statement of Purpose: $1000 travel grants are provided for senior graduate students to present their research at an ACS national meeting.

Eligibility:
1. Recipients must be members of the American Chemical Society and attending a school in the region served by the MN Section.
2. Recipients must have already registered to present a poster or give an oral presentation at the national meeting.

Guidelines:
Submit application materials (completed application form, CV, and recommendation letter), **as a single PDF file**, by email to: Francesca Ippoliti fippolitipfitzer01@hamline.edu

If selected:
Reimbursement for expenses only is provided.
Payment will be made upon completion of the event and receipt of the following:
– Copies of the expense receipts up to $1000. These can include registration fees, travel, hotel, and meals.
– A brief report or evaluation of the event.
– Digital photos are also welcome for publication on our website.

Minnesota Section ACS
Grant Reimbursement Form

Name_____

Phone Number _____

Email Address _____

Address _____

_____

<u>Return form and receipts *within 2 weeks* of the end of the meeting to:</u>
Francesca Ippoliti fippolitipfitzer01@hamline.edu

Application Part I: Student Portion

Name _____
Name of Research Advisor _____
University_____
Complete Mailing Address_____
Telephone (____)_____
E-mail Address _____

Are you an ACS member?** ☐ Yes ☐ No
Year entered graduate school _____
Currently on ☐ RA or ☐ TA or ☐ fellowship
Have you attended a national ACS meeting before? ☐ Yes ☐ No
If so, when? _____
Did you present your research at this meeting? ☐ Yes ☐ No
Please submit your CV along with this application.

Research abstract

Attach additional sheets if necessary.

Additional information that may help the selection committee:

Signature of student _____ Date _____

** Checking this box attests to the accuracy of this application. Your signature also gives express permission to the Minnesota Section of the ACS to share any or all the information/data you have provided in support of this application with members of the Minnesota Section of the ACS, the Grants and Activities Funding Committee, and the Executive Board of the Minnesota Section of the ACS. The originating email address must match that of the student as listed in the application.

Application Part II: Advisor Portion

Name _____
Name of Student _____
Complete Mailing Address_____
Telephone (____)_____
E-mail Address _____
Are you an ACS member?** ☐ Yes ☐ No
Number of grad students in group _____
Number of postdocs in group _____

Please attach your recommendation letter along with this application.

Signature of advisor _____ Date _____

** Checking this box attests to the accuracy of this application. Your signature also gives express permission to the Minnesota Section of the ACS to share any or all the information/data you have provided in support of this application with members of the Minnesota Section of the ACS, the Grants and Activities Funding Committee, and the Executive Board of the Minnesota Section of the ACS. The originating email address must match that of the advisor as listed in the application.