

Keck School of Medicine of USC

Medical Student Research Travel Fellowship

Return completed petition to Roland.Rapanot@med.usc.edu

Student Affairs | KAM 103 | 323-442-2965

Instructions

Presentations at conferences and symposia are critical for the professional development of medical students engaged in research. It is expected that students are responsible to fund their own conference travels. Therefore, students are encouraged to speak first with their mentors for funding opportunities within their departments and fields. We have established a program to **supplement** student travel when other funding sources are insufficient.

Please call Roland at (323) 442-2965 if you have any questions or need clarification on the guidelines.

Qualifications

1. Applicant must be invited to a conference as a presenter.
2. Applicant must **not** be a Dean's Research Scholar (other funding available).
3. MD-PhD students should first contact Roland Rapanot at mdpdp@med.usc.edu for funding.
4. Applicant must be in good academic standing.

Travel Fellowship Applications will be reviewed on a monthly basis. All applications submitted by the 15th of each month will be reviewed at the end of the month.

Submission Process

Students must submit the application in advance of their conference for approval. However, the exact amount of funds awarded will depend on expenses recorded on your original receipts and will be disbursed as a reimbursement once you return from your conference.

Applicants must submit the attached Expense Report and original receipts within two weeks of returning from the conference. Receipts not submitted within this time frame will lead to forfeiture of funding.

- Receipts must clearly show:
 - Your Name
 - Vendor Name
 - Method of Payment
 - Amount Paid (or zero balance due)
- Travel expenses can only be reimbursed to the student whose name is on the receipt.

Please check that you have attached the following paperwork:

Travel Application

Copy of Acceptance Letter from Meeting Addressed to You (Student)

Copy of Accepted Abstract with Authorship

Applicant Information

Name _____ Student ID _____

Email _____ Class Year _____

Mentor _____

Department _____

Meeting Information (please provide copy of acceptance letter)

Meeting Name _____

Location _____ Begin Date _____ End Date _____

Type of Presentation

Podium

Poster

Is this travel related to your Scholarly Project? Yes No

Presentation Title

Faculty and Co-Authors

Estimated Travel Budget

Categories

Airfare _____

Lodging _____ # of nights _____

Registration _____

Printing _____

Miscellaneous (please itemize)

Estimated Total Cost of Travel _____

Matching Funds Received for Travel (If applicable)

Amount from Department _____

Amount from Mentor _____

Amount from Other _____

Name of other contributor (individual or organization) _____

I have reviewed and agree with the information stated in this application.

Mentor's Signature _____

Mentor's Email _____