



HealthCare
MARKEY CANCER CENTER

An NCI-Designated Cancer Center

MCC Scientist in Training Travel Award Application

*Application Deadlines: The 15th day of the month prior to the month of travel (or the next business day in the event that the 15th day falls on a weekend or holiday) **Remember to include your abstract with this form.***

Personal Information

Name: _____ Date: _____

Student UK ID# _____ UK Email: _____

Position: _____

Degree Program: _____ PI: _____

Conference/Meeting Information

Meeting Type (in person or virtual): _____

Conference/Professional Organization Name: _____

Conference/Professional Organization Website: _____

Conference/meeting dates: _____

Proposed Presentation Type (oral or poster): _____

Abstract Title: _____

If traveling to meeting, please list location, including city, state, and hotel/conference center name:

How will attending this meeting further your training?

Budget Information

In person conference total \$ _____

Virtual Meeting registration total \$ _____

Other Funding sources: _____ amount \$ _____

Additional Comments

Letter of Support

Solicit a letter of support from your primary mentor stating your qualifications, contribution to the project, and how the travel experience will enhance your training. **Letters must be emailed directly to Kate Jones from the mentor** by the 15th day of the month prior to the month of travel. Letters should be no longer than one page (1/2 page preferred).

Signature of student traveler: _____ Date: _____

This request will only be considered for the meeting listed above. Additionally, if you submit a request for funding and your plans change, please submit an updated application as soon as possible.

Please ensure application, abstract and letter of support are emailed to Kate Jones (katelyn.jones13@uky.edu) by the deadline stated.