

**Medical Student Research Grant Eligibility Criteria  
for Abstract Presentation**

Support in an amount of up to \$500, is available to assist MSSM medical students attend scientific meetings at which they will present the findings of their original research. Only students who are the first authors of the abstracts and who will present the work themselves are eligible for these funds. To qualify for this award, the student's mentor must submit a letter of support and match the funds provided by the MSRO.

NAME OF STUDENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LIFE NUMBER: \_\_\_\_\_

MSSM CLASS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

IS THIS A POSTER PRESENTATION?    YES \_\_\_\_\_    NO \_\_\_\_\_

IS THIS AN ORAL PRESENTATION?    YES \_\_\_\_\_    NO \_\_\_\_\_

ARE YOU THE FIRST AUTHOR?    YES \_\_\_\_\_    NO \_\_\_\_\_

WILL YOU PRESENT THE WORK?    YES \_\_\_\_\_    NO \_\_\_\_\_

WAS THIS WORK DONE AT MSSM?    YES \_\_\_\_\_    NO \_\_\_\_\_

NAME OF MENTOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF  
CONFERENCE: \_\_\_\_\_

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LOCATION: \_\_\_\_\_

DATE (S): \_\_\_\_\_

TITLE OF  
PRESENTATION: \_\_\_\_\_

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ESTIMATED EXPENSES \_\_\_\_\_

TRAVEL: \_\_\_\_\_

HOTEL: \_\_\_\_\_

FOOD: \_\_\_\_\_

REGISTRATION: \_\_\_\_\_

By signing below, the student and mentor attest that all of the information given is correct to the best of their knowledge. The mentor's signature indicates his or her willingness to match the funds provided by the MSRO to cover travel expenses. The course/clerkship director's signature gives the student permission to be away.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Course/Clerkship Director's  
Signature

**Please print this form, complete it and return the application together with a copy of the abstract submitted and the letter of acceptance to: Karen Zier, Ph.D., Associate Dean for Medical Student Research, Box 1002.**