



STUDENT GRANT APPLICATION

Personal information

Name

Address

Email

Phone

Graduation
Year

Requested
Amount

Has Travel Been Approved by SIU SOM

Yes

☐

Pending

☐

Signature of Approving Faculty
Member

Name and Department

Conference to be attended, dates and location

In no more than 250 words, describe your role in the conference you will be attending, and what your goals are.

Are you willing to write an article for SCMS's newsletter

Signature of Applicant

Date Submitted

Please submit form to scms@scmsdocs.org no later than one month before travel.