

YOUNGER CHEMIST TRAVEL GRANT

Cover Page

Applicant: _____

Affiliation: _____

Business Address: _____

Business Phone: _____

Email: _____

Supervisor (if applicable): _____

Return the three copies of the application to: Dr. Kathryn Louie, Awards Chair,
University of Arizona, ARLDN, 1040 E. 4th St./Gould-Simpson 615A, Tucson, AZ,
85721. Phone: (520) 626-2276, Email: klouie@email.arizona.edu

YOUNGER CHEMIST TRAVEL GRANT

Required Components

Provide a description of the purpose of the grant.

Estimated costs involved in the grant (include matching funds from other sources, if applicant is a group).

Provide letter from professor endorsing travel.

YOUNGER CHEMIST TRAVEL AWARD

Follow-Up Report

Section 1. Recipient Information

Name of recipient: _____

Address _____
Street City State Zip code

Telephone _____ Email _____

Name of supervising professor: _____

Telephone _____ Email _____

Section 2. Meeting Information

Meeting attended _____

Meeting date _____ Location _____

Provide a description of meeting (include sessions and/or activities attended, etc.) and what was accomplished:

Section 3. Finances – Please attach receipts

Income:

Amount of Award	\$ _____
Amount of matching funds	\$ _____
TOTAL INCOME	\$ _____

Expenditures:

Registration	\$ _____
Transportation	\$ _____
Lodging	\$ _____
Meals	\$ _____
TOTAL EXPENDITURES	\$ _____

Section 4. Meeting attendance

Provide a copy of badge as proof of attendance.

Submitted by _____ **Date** _____

REPORT DUE NO LATER THAN 2 WEEKS AFTER THE END OF MEETING

Return this form to: Dr. Kathryn Louie
University of Arizona
ARL/Div Neurobiology
Gould Simpson Bldg. Rm 615A
1040 E. 4TH St.
Tucson, AZ 85721
or electronically to klouie@email.arizona.edu