

SOAR

Medical Student Research Funds Application

Please ensure that you meet eligibility criteria before proceeding to complete an application by checking the [SOAR Travel Award Page](#). (Must have a completed NICER form on file.)

Applicant Information

Name: _____

Date of Request: _____

Home Address: _____

Number, Street	Apt., Ste. #	City	State	Zip

Phone: _____ Email: _____

Class Year: _____

Research Mentor Information

Mentor Name: _____ Mentor Department: _____

Mentor Email: _____ Project Start Date: _____

Conference Information

Abstract Title: _____

Conference Name:

Conference Date:

Conference Location: (City, State)	Expected Dates of Travel:
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Registration Educational Purpose:

Anticipated Travel Costs: Transportation _____ Presentation Format: _____

Accomodation

Other (explain)

Total _____ If membership costs are requested please provide justification and amount.

Is this event related to a student organization: ☐ Yes ☐ No
If yes, please provide the name of the organization: _____

Are you receiving any additional funding support from BCM? (For example, from a student organization or a department) ☐ Yes ☐ No

If yes, please provide the following information:

Department name: _____

Contact person: _____

Email: _____

Please attach a copy of: 1) Letter of support from your research mentor; 2) Letter of approved course/clerkship absence from course/clerkship director; 3) Letter of acceptance/invitation to participate in meeting/conference; 4) Conference abstract. When you are ready to submit, please send this application and supplemental documents as a single PDF to soar-office@bcm.edu. All SOAR research must be conducted with a faculty member from BCM or an affiliated institution as your research mentor.

Office Use Only

Date application submitted: _____

Reviewed by: _____

Approved: ☐ Yes ☐ No Funded: ☐ Yes ☐ No Amount Funded: _____ Date: _____