



Research Travel Assistance Scholarship Application

First Name: _____ Last Name: _____ UIN #: _____

Email Address: _____ Phone #: _____

Street Address: _____ City/State: _____ ZIP: _____

Classification (check one): Freshman Sophomore Junior Senior Grad

Major: _____ Expected Graduation Date (semester and year): _____

Credit Hours Completed: _____ Current Overall GPR: _____

Current Credit Hours Enrolled in this Semester: _____ **Amount Request:** _____

Fill-in the following information:

Research Faculty Member Full Name: _____

Faculty Members Email: _____

Have you received this grant in the past? _____ YES _____ NO

If "YES" please provide date and amount awarded: _____

Title of Research: _____

Are you related to any member of the board or regents of the college or university or its system's board?

YES

NO

List all scholarships/fellowships/grants you were awarded for this academic year and the amounts for each award: _____

Student Signature

Date

Research Faculty Member Signature

Date



Academic Program Director Signature

Date

Send application with the following items below:

- Cover Letter with name, date, and subject line stating scholarship(s) you are applying for
- Resume
- Proof of acceptance and budget calculation

Please email completed PDF application along with the items above to johnabinajm@tamu.edu, and in the subject line be sure to include your full name and the name of the scholarship you are applying for.