

**Endeavor Health NorthShore
Fellowship Research Travel Grant Application**

Name _____ Degree(s): _____

Fellowship Endeavor Health-based UC-based PGY-_____

Email address: _____ Phone: _____

Name, Location and Dates of Meeting/Presentation (*please attach notice of acceptance*):

Project title:

Presentation Type (attach accepted abstract or detailed description) – check all that apply:

Poster

Oral/Plenary

Performance or exhibit

Other (describe briefly) _____

Description of why it is/was important that you attend(ed) this meeting (200 words):

Research Statement: Description of the research associated with this presentation (250 words) Do not assume that the reviewers will be experts in your field. Your abstract may be too technical so please write this statement for a broad audience.

With my signature, I certify that the information above is correct and accurate.

Applicant: _____ Date: _____

The applicant meets all of the eligibility criteria, and the presentation has or will take place as documented:

Research Mentor – Print name: _____

Signature: _____ Date: _____

Program Director: – Print name: _____

Signature: _____ Date: _____

Chairman-Print Name: _____

Signature: _____ Date: _____

Cost center for transfer, if approved: _____

The completed form and supporting documents can be faxed to Academic Affairs at 847-733-5740 or scanned to academicaffairs@northshore.org. Please call 847-570-1478 with any questions.