

Student Travel Award Application Form

Please fill out the following form and return it to acml2018info@gmail.com **no later than October 5th**.

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| **Name of Applicant** |  |
| **Gender** |  |
| **Department** |  |
| **Organization** |  |
| **Country** |  |
| **Email** |  |
| **Student Status** | *Please choose among : a) PhD student; b) Master student; c) Undergraduate Student; d) Other (please specify)* |
| **Paper ID** |  |
| **Paper Title** |  |
| **Full Author List** |  |
| *Please answer to the following questionnaires briefly* |
| 1. **The results of approaching the organization/local society for financial support**
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| 1. **Whether any other sources of financial support are available to the applicant**
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| 1. **A case for support that includes reasons why ACML Steering Committee should make the grant to the applicant**
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This student travel award is supported by the ACML Steering Committee Fund