

Young Investigator Travel Grant Application Form

Applicant's Name:

Department:

University or Affiliation:

Address:

E-mail Address:

Telephone:

Title of paper to be presented at the AAVP meeting:

Estimated cost to attend meeting: \$

Amount requested from AAVP: \$

Amount of matching funds: \$

Total from both sources: \$

Source of matching funds:

Name and title of AAVP sponsor, and person authorized to commit matching funds (if different):

NOTE: No signature needed

Name:

Title:

E-mail:

Telephone:

Note: It is expected that matching funds will be committed by an external source. If matching funds are not available, please provide a written statement on a separate page explaining the reason no matching funds can be leveraged. Please save as a PDF and include in a single PDF file along with this application.

Please type your name in the appropriate blank below:

I _____ certify that I am a student AAVP member, and am a student currently enrolled in an accredited institution of higher learning.

I _____ certify that I am an AAVP member and within 3 years of my terminal degree (PhD or DVM), and am working in a training role (e.g. postdoctoral program) at an accredited institution of higher learning or research institute.