**Rehabilitation Science PhD Program**

Travel Grant Application Cover Sheet

**Eligibility criteria**

1. Student must have filled out the online Student Activity Report (SAR)
2. Student must be presenting data (oral presentation or poster presentation) at a national or international meeting.

**Review Process**

A call for applications will occur twice a year. The Rehabilitation Science steering committee will review all applications submitted. In the event that we do not receive sufficient number of applications, we will continue to evaluate applications on a rolling basis.

Review criteria:

1. Quality of the abstract, including:
   1. Rationale and/or hypothesis clearly stated
   2. Results and conclusions clearly stated
   3. Preliminary/pilot study vs. completed study
2. Seniority of the student

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| **Student name:** | |  | | | | | | | | | | |
| **Mentor name:** | |  | | | | | | | | | | |
| **Conference name:** | | |  | | | | | | | | | |
| **Location:** |  | | | | | | | | **Dates:** |  | | |
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| **Title of Presentation:** | | | |  | | | | | | | | |
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| **Presentation format** (i.e. poster, oral presentation, platform presentation)**:** | | | | | | |  | | | | |  |
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| **Have you previously received a travel award from the Rehabilitation Science program?** | | | | |  | Yes | | Semester/Year: | | |  | |
|  | No | | | | | | |

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| Student Signature |  | | Date |  | | Mentor Signature |  | | Date |

**Submission Instructions:**

Email a copy of the completed coversheet **and abstract** to program director, Dr. David Fuller ([ddf@phhp/ufl.edu](mailto:ddf@phhp/ufl.edu)). Please copy program coordinator, Laura Quintana (lauraq@phhp.ufl.edu) and your primary mentor.