



2017 ABRCMS Student Travel Award

Recommendation Form

Information MUST be typed, handwritten forms will be returned. Recommendation form must be sent to abrcms@asmusa.org on or before **August 25, 2017**.

No cover letters will be accepted.

Applicant's Name: _____

Applicant's College/University _____

Applicant's Student Travel Award Control (#17-UTA-_-ABRCMS) _____

Reference's Name: _____

Reference's College/University: _____

Reference's Telephone: _____ Reference's Email: _____

Is the applicant currently funded by any of the following programs? (Indicate any/all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> NIH RISE | <input type="checkbox"/> NIH MARC U-STAR | <input type="checkbox"/> NIH BRIDGES-BAC |
| <input type="checkbox"/> NIH BRIDGES-DOC | <input type="checkbox"/> NIH IMSD | <input type="checkbox"/> NIH PREP |
| <input type="checkbox"/> NIH SCORE | <input type="checkbox"/> NIH NARCH | <input type="checkbox"/> NIH IRACDA |
| <input type="checkbox"/> NIH BUILD | <input type="checkbox"/> NSF AGEP | <input type="checkbox"/> NSF CREST |
| <input type="checkbox"/> NSF EFRI—REM | <input type="checkbox"/> NSF LSAMP | <input type="checkbox"/> NSF LSAMP Bridge to the Doctorate |
| <input type="checkbox"/> NSF TCUP | <input type="checkbox"/> NSF HBCU-UP | <input type="checkbox"/> NSF HBCU-RISE |
| <input type="checkbox"/> NSF RDE | <input type="checkbox"/> HHMI | <input type="checkbox"/> Bill & Melinda Gates Foundation |
| <input type="checkbox"/> Ronald E. McNair Program | | <input type="checkbox"/> Alfred P. Sloan Foundation |
| <input type="checkbox"/> Other (please specify) _____ | | |

Is there monetary program support for this applicant to attend ABRCMS?

Yes No

How long have you known this applicant?

Less than 6 months 6-11 months 12 -24 months More than 24 months

How long did the applicant conduct research under your supervision?

Less than 3 months 3-9 months 10-24 months More than 24 months

What contributions did the applicant make to the overall project, and to what extent did they work independently?

Please provide any other information you believe would be useful for the selection committee as they make their decision, e.g., insights into the student's past or future academic success; extenuating personal, financial, or academic circumstances; etc.

This applicant shows:

great promise and interest in applying to a graduate program

some promise and interest in applying to a graduate program

little promise and interest in applying to a graduate program

What is your overall recommendation of this applicant for an ABRCMS Student Travel Award?

I would strongly recommend applicant.

I would recommend applicant.

I would recommend applicant with reservations.

I would not recommend applicant.

I acknowledge that I am the individual listed above.

Signature

Date