



APPLICATION

FACULTY/STUDENT FASEB MARC PROGRAM

*** Applicants are ineligible to apply for the FASEB MARC Travel Awards to attend SACNAS and ABRCMS if they receive financial support from any program of the Minority Opportunities in Research Division of the National Institute of General Medical Sciences (NIGMS)***

You **may not apply** for a MARC travel award if you are receiving funding from any other sponsoring Societies. Travel Award is **not transferable** without proper documentation and authorization.

Deadline information for submittal of MARC Applications are listed on the FASEB Selected Scientific Meetings page.

Application for (check one only)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ABRF	Feb. 5-8, 2005		*Society for the Study of Reprod.	July 24-27, 2005	
Biophysical Society	Feb. 12-16, 2005		Society for Developmental Biology	July 27-31, 2005	
Society for Gynecologic Invest.	Mar. 23-26, 2005		The Protein Society	July 30-Aug. 3, 2005	
Experimental Biology	Apr. 2-6, 2005		Environmental Mutagen Society	Sept. 3-8, 2005	
ASCI	Apr. 15-17, 2005		ASBMR	Sept. 23-27, 2005	
The Endocrine Society	June 4-7, 2005		SACNAS	Sept. 29-Oct. 3, 2005	
American Peptide Society	June 18-23, 2005		Radiation Research Society	Oct. 16-20, 2005	
ISCB	June 25-29, 2005		American Soc. for Human Genetics	Oct. 25-29, 2005	
Teratology Society	June 25-30, 2005		ABRCMS	Nov. 2-5, 2005	

NOTE: The funding for the FASEB MARC Program is supported by federal funds from the National Institute of General Medical Sciences, National Institutes of Health. We are prohibited from providing federal funds to federal employees and trainees at federal facilities who receive federal support for their salary/wages. For more information regarding Federal Travel Regulations, visit <http://www.gsa.gov> and type in **Federal Travel Regulations** in the search box.

***Travel awards only available for graduate students and postdoctoral fellows giving oral/poster presentations.**

■ FACULTY/MENTOR: Are you requesting funding for yourself? Yes No

Name: _____ Male Female Degree/Title (i.e., Ph.D., M.D., M.D./Ph.D., Mr., Ms., Miss): _____

FASEB Society Member of: _____

RACE/ETHNICITY (required): Alaskan Native Pacific Islander (Hawaii or Guam) Black/African American Hispanic
 Chicano Latino Other (specify) _____
 Native American (specify tribe) _____ (Provide copy of tribal affiliation certificate)

CITIZENSHIP: U.S. Citizen Permanent Resident of U.S.A. (Provide copy of green card)

Institution: _____ Department: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____

■ STUDENT #1 NOMINATED:

(1) Name: (Mr.) (Ms.): _____ Graduate Student Undergraduate Student

RACE/ETHNICITY (required): Alaskan Native Pacific Islander (Hawaii or Guam) Black/African American Hispanic
 Chicano Latino Other (specify) _____
 Native American (specify tribe) _____ (Provide copy of tribal affiliation certificate)

CITIZENSHIP: U.S. Citizen Permanent Resident of U.S.A. (Provide copy of green card)

ARE YOU CURRENTLY A MARC STUDENT? YES NO

ARE YOU A FASEB SOCIETY MEMBER? YES NO IF "YES", indicate society: _____
 IF "NO", would you like to be contacted by a FASEB Society?
 List Society Name: _____

Institution: _____ Department: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____





■ STUDENT #2 NOMINATED:

(2) Name: (Mr.) (Ms.): _____ Graduate Student Undergraduate Student

RACE/ETHNICITY (required): Alaskan Native Pacific Islander (Hawaii or Guam) Black/African American Hispanic
 Chicano Latino Other (specify) _____
 Native American (specify tribe) _____ (Provide copy of tribal affiliation certificate)

CITIZENSHIP: U.S. Citizen Permanent Resident of U.S.A. (Provide copy of green card)

ARE YOU CURRENTLY A MARC STUDENT? YES NO

ARE YOU A FASEB SOCIETY MEMBER? YES NO IF "YES", indicate society: _____
 IF "NO", would you like to be contacted by a FASEB Society?
 List Society Name: _____

Institution: _____ Department: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____

We are offering travel awards of up to \$1,250 for each faculty/mentor and student to help defray travel costs associated with conference attendance and participation. These funds are meant to defray lodging, air and ground transportation only. Advance meeting registration will also be covered in addition to the travel awards. Original receipts will be required to receive reimbursement.

FACULTY REFERRAL INFORMATION FORM

IMPORTANT! Each faculty mentor *must* submit a letter describing the anticipated benefits derived from attendance at one of the eligible meetings. The discussion should identify the specific benefits that you expect for yourself, your institution, and its education program in the biomedical sciences. Also, each student *must* write a paragraph identifying potential benefits to their planned research career and a written recommendation from their Department Head or Dean of their college must accompany this application.

SUBMIT APPLICATION TO: FASEB MARC Program-Career Resources - 9650 Rockville Pike – Bethesda, Maryland 20814-3998;
 Tel: 301-634-7020; Fax: 301-634-7353 - Internet: <https://career.faseb.org/marc> - E-mail: marc@faseb.org

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FACULTY REQUIREMENT FOR THE SELECTED SCIENTIFIC MEETINGS AND CONFERENCES

As a FASEB MARC Program Travel Awardee, you are required to provide the FASEB MARC Program Office with contact information of a minimum of one or more colleagues from your institution. Your colleagues will be sent a FASEB MARC Program CD for their review. This form must be completed and submitted at time of application submittal.

■ **Referring Faculty/Mentor:** _____ Institution/Organization: _____

■ Faculty Member Nominated:

Name: _____ Department: _____

Institution: _____ Discipline: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____

■ Faculty Member Nominated:

Name: _____ Department: _____

Institution: _____ Discipline: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____

■ Faculty Member Nominated:

Name: _____ Department: _____

Institution: _____ Discipline: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (____) _____ Fax: (____) _____

Comments: _____
