# ICIBM 2021 Travel Award Information

The goal of the ICIBM 2021 Travel Award is to encourage the participation of young scientists in training, including graduate and undergraduate students as well as postdoctoral fellows. Specific consideration will be given to qualified applicants from underrepresented populations.

Travel awards ($100 registration fee) for students and postdocs are being made available for ICIBM 2021 through a National Science Foundation (NSF) grant. Only trainees from domestic institutions in the US are eligible to apply for the travel award.

To be considered for an award the candidate must:

* Submit a paper/abstract for the conference.
* Be the first author on the paper/abstract.
* Must be a student or a postdoctoral fellow.
* Complete and submit the award application form by the deadline.

The award application form can be downloaded here (see next page). Please send the completed form to **Dr. Jinchuan Xing** (Jinchuan.xing@rutgers.edu) by **July 13th, 2021**.

**Review Criteria**

All applications will be reviewed and evaluated based on the submitted paper/abstract by the following criteria: (1) relevance to the topics of the conference, (2) significance of the work, (3) clarity of the presentation, and (4) soundness of the data. The selected awardees will be notified via email prior to the meeting and publicly announced during the closing ceremony.

**For more information regarding this Travel Award, please contact Dr. Jinchuan Xing (****Jinchuan.xing@rutgers.edu****).**

**ICIBM 2021 Travel Award Application Form**

**Instruction**

Please complete and email this form to **Dr. Jinchuan Xing (****Jinchuan.xing@rutgers.edu****)** by **July 13th, 2021**. An email confirmation of receipt will be sent no later than 72 hours after email submissions.

**Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last, First Middle)

**Status (check one)**

\_\_\_ Undergraduate student \_\_\_ Graduate student \_\_\_ Postdoctoral fellow

**Contact Information**

Department: Institution:

City, State, Zip/Postal Code, Country:

Country:

Email: Phone:

**Can your registration fee be covered under institutional/departmental/research funds?**

(Please check one) \_\_\_Yes \_\_\_ No

(If no, please provide supervisor email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Race/Ethnicity (please check one):**

\_\_\_White/Caucasian \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Other

\_\_\_ Prefer not to answer.

**Paper/Abstract Information**

Paper/Abstract ID:

Paper/Abstract Title:

**I hereby certify that this application is complete and correct to the best of my knowledge:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date