

Kuczaj Memorial Travel Grant Application

NAME: _____

EMAIL: _____

ADDRESS: _____

UNIVERSITY: _____ PROGRAM/DEPARTMENT: _____

LONG ABSTRACT (a separate page may be used) (Be sure to provide details about the project you wish to support.)

THESIS ADVISOR:

ADVISOR SIGNATURE

DATE

Advisor: By signing this page you verify that the applicant is currently enrolled in a graduate program and under your supervision.

Applications must be submitted to Dr. Heather Hill (hhill1@stmarytx.edu) no later than February 29, 2024.