

**Annual Biomedical Research Conference for Minority Students (ABRCMS)
November 10-13, Charlotte, North Carolina
2010 ABRCMS Student Travel Award
Faculty Member Recommendation Form**

The ABRCMS Student Travel Award offers undergraduate and postbaccalaureate students the opportunity to participate in one of the nation's premier scientific meetings for biomedical and behavioral science students. **Two recommendation forms are required per application, one from a research advisor and one from a faculty member. If you are the research advisor, please contact the applicant for the proper form.**

To assist in the evaluation of the applicant, please provide an assessment by completing the information requested below. **Please type all information. Handwritten forms will be returned and not included with the application. This form is also available in a Word format upon request.**

Applicant's Name: _____

Application's Control Number (*provided by student*): 10---____---____---ABRCMS
(Please note: this number is not the abstract submission number)

Reference Contact Information

Reference's Name: _____
Last First Middle Initial

Name of College/University: _____

School Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Fax: _____

Reference's Email Address: _____

How long have you known this applicant?

___ Less than 6 months ___ 6-11 months

___ 1-2 years ___ More than 2 years

How have you known this applicant?

___ Academic advisor ___ Summer Program Director

___ Research advisor ___ Other _____

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

In the space provided, please address each of the following:

1. Describe the applicant's academic achievements. Please provide concrete examples to demonstrate applicant's capabilities in becoming a scientist. How has his/her academic work

2. Describe other opportunities that the applicant has had to develop his/her professional skills.

3. Discuss the timeliness of the applicant's participation in ABRCMS in relationship to his/her overall career plans. How is the applicant preparing himself/herself for ABRCMS?

4. Describe funding mechanisms that are available to support the applicant's travel. Are there funds available from the institution, grants or the applicant's family? Will the applicant not be able to attend if support is not provided?

5. How would the applicant benefit from participating in ABRCMS?

I acknowledge that I am the faculty member listed above.

Signature

Date

This recommendation form **MUST BE RECEIVED on or before September 10, 2010 at 11:59 PST. No exceptions will be made. Please fax this form to (202) 403-3513 or email it to abrcms@asmusa.org.**

If you have any questions or concerns, please email abrcms@asmusa.org or call (202) 942-9348. For more information, visit our conference website at: www.abrcms.org.

The information contained in your recommendation will be held confidential except as required by law.