



2019 ABRCMS Student Travel Award

Recommendation Form

Information MUST be typed, handwritten forms will not be accepted. On **August 22**, you will receive a unique link to upload this form. **The form must be uploaded by August 27.**
No cover letters will be accepted.

Reference

Name: _____

College/University: _____

Telephone: _____ Email: _____

I would like to learn more about ABRCMS & how I can be involved: ___ Yes ___ No

Applicant

Name: _____

College/University: _____

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

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> NIH BRIDGES-BAC | <input type="checkbox"/> NIH BUILD | <input type="checkbox"/> NIH IMSD |
| <input type="checkbox"/> NIH MARC U-STAR | <input type="checkbox"/> NIH NRMN | <input type="checkbox"/> NIH RISE |
| <input type="checkbox"/> NIH PREP | <input type="checkbox"/> NSF CREST | <input type="checkbox"/> NSF EFRI—REM |
| <input type="checkbox"/> NSF HBCU-RISE | <input type="checkbox"/> NSF HBCU-UP | <input type="checkbox"/> NSF LSAMP |
| <input type="checkbox"/> NSF LSAMP Bridge to Doctorate | <input type="checkbox"/> NSF TCUP | <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

If yes, please explain the extent of funding:

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 the applicant work independently? *(limit to 1,000 characters)*

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. *(limit to 1,000 characters)*

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