2024 ABRCMS Student Travel Award
Recommendation Form

Recommender will receive an email with a unique link to upload this recommendation form by September 1, 2024. Deadline to upload is 11:59 pm PDT on Friday, September 6, 2024. Late submissions will not be accepted.

Questions? www.abrcms.org | rrodel@asmusa.org

Recommender

Name: ____________________________________________________________

Institution: ________________________________________________________

Telephone: __________________________ Email: _______________________

We invite you to join the ABRCMS Mailing List.

Applicant

Name: ____________________________________________________________

College/University: ________________________________________________

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

☐ NIH BRIDGES-BAC ☐ NIH BUILD ☐ NIH MARC
☐ NIH RISE ☐ NIH PREP ☐ NSF CREST
☐ NSF HBCU-RISE ☐ NSF HBCU-UP ☐ NSF LSAMP
☐ NSF LSAMP Bridge to Doctorate ☐ NSF EFRI—REM ☐ HHMI
☐ Bill & Melinda Gates Foundation ☐ Ronald E. McNair Program ☐ Alfred P. Sloan Foundation
☐ 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)

This applicant shows:
(For undergraduates, post baccalaureates, and community college students only)

[ ] 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