**HEALTH CENTER RESEARCH ADVISORY COUNCIL (HCRAC)**

**UNIVERSITY OF CONNECTICUT HEALTH CENTER**

**POSTDOCTORAL FELLOW GRANT REQUEST**

Applicant’s Name:

Faculty Sponsor:

Department/Center:

Contact Person (name and phone):

Travel Period:       Destination:

Title of Presentation:

Brief description of research project being presented:

Conference/Meeting:

Purpose of Travel: (     ) Presentation of an Invited or Contributed Paper

(     ) Presentation of a Poster

Cost of Trip: $      Amount Requested from HCRAC: $

* Attach copies of abstract, registration information, proof of acceptance and/or letter of invitation and other supporting documentation (e.g. program announcement).
* Requests should be e-mailed to Stephanie Holden at [sholden@uchc.edu](mailto:sholden@uchc.edu) at least 3 weeks prior to the date of departure.

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Applicant’s Name Faculty Sponsor Signature

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HCRAC approval