



# Wound Healing Foundation

## Travel Scholarship Request

Name: \_\_\_\_\_

Title(s): \_\_\_\_\_

Institute: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Meeting requesting travel assistance: \_\_\_\_\_

Date and location of requested meeting: \_\_\_\_\_

Did you submit an abstract to the meeting?  Yes  No

If Yes, what is the title of your abstract? \_\_\_\_\_

If Yes, has the abstract been accepted?  Yes  No  Not notified

If Yes, what category?  Oral  Poster  Other \_\_\_\_\_

Have you applied for travel or awards for this meeting?  Yes  No

If Yes, from whom? \_\_\_\_\_

Are you a  Trainee  Junior Investigator  Other \_\_\_\_\_

Are you a WHS member?  Yes  No

Is your sponsor a WHS member?  Yes  No

I understand the Wound Healing Foundation may display my name and photograph as part of this program if I am awarded a travel scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Printed Name and Title \_\_\_\_\_

E-mail the completed form, submitted meeting abstract with key words in pdf format to:

[awards@woundhealingfoundation.org](mailto:awards@woundhealingfoundation.org) and cc [l-parnell@earthlink.net](mailto:l-parnell@earthlink.net).

*The Wound Healing Foundation is a 501(c)3 non-profit organization.*