

2010 STUDENT PROFILE [Must be filled-out by each Undergraduate or Graduate student applying for NIS Travel funding] PLEASE PRINT OR TYPE LEGIBLY

1. Student Name (Last, first, middle)

2. Membership Affiliation _____

3. Gender: __Female __Male

4. Classification (please check) ___Freshman, ___Sophomore, ___Junior, ___Senior, ___Grad Student

5. Institution

 Department _____

Street

City _____ State _____ Zip Code _____

6. Phone (____) _____ Fax (____) _____ E-mail
 Address _____

7. Date of Birth (Mon/Day/Year) _____ 8. Place of Birth (Country) _____

9. Education (**Graduate Student**): List degree(s) in your field of study and the conferring institution(s):

10. Describe your laboratory research experience or training and identify the name of the institution where the work was performed. [Continue on other side or attach continuation sheet if necessary]

11. Have you submitted an abstract or made a presentation at any other meeting within the last two years? If so, please list. [Use other side or attach a continuation sheet if necessary]

12. List any peer-reviewed publications you have authored or coauthored. [Use other side or attach a continuation sheet if necessary]

13. State the reason you wish to attend the 2010 67th Joint Annual Meeting of the NIS/BKX. [Use other side or attach a continuation sheet]

[over→]

Assurances and Signature of Student

I am a full-time student in good standing at this institution. If granted and by accepting the award, I agree to participate fully in the planned activities of the meeting. I will submit all receipts incurred (hotel, transportation, etc.) to my NIS travel sponsor by April 10, 2010. If traveling alone, I will submit all receipts to the address below. If I fail to fulfill any of the requirements of the award, I acknowledge that I will forfeit this award and return the full amount given to me.

Signature _____ Date _____

MENTOR

Name _____

Title _____

Institution _____

Office Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Fax () _____ E-Mail _____

Relationship to Student (Faculty Advisor for NIS, for BKX, for Research, Department Chairperson, etc.)

I certify that the applicant is a full-time (award requirement), undergraduate or graduate student in good standing at this institution, and that the applicant's statements are true and complete to the best of my knowledge.

Signature _____ Date _____

·IMPORTANT: DO NOT FAX THIS TWO PAGE FORM: MAIL OR E-MAIL·

NOTE TO STUDENT Please submit completed and signed (by student and mentor) student profile form to your NIS Sponsor (or person at your institution responsible for student travel). Be sure to register for the meeting on-line @ www.nisbkxmeeting.org

NOTE TO NIS/BKX SPONSOR Please be sure each student submits a completed and signed form to you. Please mail and/or e-mail the collected forms by

DEADLINE [February 15, 2010] to:

Dr. Carolyn Cousin

Department of Biological and Environmental Sciences

University of the District of Columbia

4200 Connecticut Ave., NW, Bldg. 44

Washington, DC 20008

(202) 274-5874 (phone)

Email to: ccousin@udc.edu or taylorac09@gmail.com