



Wound Healing Foundation

Travel Scholarship Request- No Handwritten or Verbal Requests Accepted

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 and cc l-parnell@earthlink.net.

235 Plain Street, Suite 501 Providence, RI 02905 www.woundhealingfoundation.org

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