



The Society for
Integrative &
Comparative
Biology

Broadening Participation Committee Travel Award Application

Name: _____

Institution: _____ Department: _____

Address: _____

Email: _____ Phone: _____

Category (circle one): Undergraduate MS student PhD student; Year of Graduation _____

Will your mentor be attending this SICB meeting as well? _____

Postdoc (# of years) _____; Faculty (circle one): Assistant Associate Full Tenured? _____

Other (specify) _____

Ethnicity (circle one): American/Alaskan Indian Asian Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

Gender (circle one): Female Male

What are your academic or career goals? _____

Are you presenting at this SICB meeting? _____

Have you attended or presented at previous SICB meetings? If so when? _____

Describe your two greatest challenges as an underrepresented minority scientist. _____

What workshop topics would you like to see to help you advance your professional career? _____

