Singapore Society for Mass Spectrometry

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SSMS Travel Award Application

PART I: TO BE COMPLETED BY APPLICANT

A. Applicant's Particulars

Name: ☐ Dr ☐ Mr ☐ Ms	Position:
Institute:	Email:
Supervisor:	Supervisor Email:

B. Conference Details

Conference Name and Description:	Briefly describe your motivation to attend the conference and how it will aid you in your professional development:

Conference Website:	Period:	Venue:

Title of Abstract: ☐ Oral Presentation   ☐ Poster Presentation

C. Travel Award – Please 'tick' only ONE. Maximum award amount is indicated in (SGD).

For Student & Postdoc SSMS Members only:	For All SSMS Members:
☐ AOMSC Conference (SGD 500)	☐ Regional (Asia-Oceania) Conference (SGD 500)
	☐ Non-regional International Conference (SGD 1,000)

Financial assistance category (please include estimated costs):

☐ Airfare (Economy Class only): SGD	☐ Hotel accommodation: SGD	☐ Registration fees: SGD
	Total	**SGD**

D. Declaration

☐ All information provided on this form is accurate to the best of my knowledge.

☐ I will inform SSMS if additional financial assistance is subsequently received for the same conference, and I am aware that SSMS Travel Award will be adjusted accordingly to ensure no overlapping of funding.

Applicant Signature: Date:

E. Endorsement

☐ I acknowledge and support this travel award application.

☐ I confirm that the applicant will receive/not receive* other sources of financial assistance from institute/research grants.

☐ Please provide details of other financial assistance and estimated amounts if any:

Supervisor Signature: Date:

*Please delete as appropriate

F. Supporting Documents

Please include the following supporting documents with your application:

☐ **Presentation abstract+**

☐ Abstract acceptance notification, if available

☐ **Curriculum vitae (maximum one page)+**

☐ Documentary proof of student of postdoc status, if applying for AOMSC Travel Awards

☐ Proof of other financial assistance, if available

+Required

PART II: FOR OFFICIAL USE – TO BE COMPLETED BY SSMS COMMITTEE

Application is supported: ☐ Yes   ☐ No   Comments, if any:

Name of *SSMS President/Vice-President/Outreach Coordinator: _____

Signature: Date:

*Please delete as appropriate.