



**TOM SLICK FELLOWSHIP  
Professional Development Grant**

\$ \_\_\_\_\_ **Amount Requested (max \$1000)**

**Student Name:** \_\_\_\_\_ **UIN:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Time period of your Tom Slick Fellowship Award:** \_\_\_\_\_

**Briefly describe and justify the student development activity.**

(travel to a meeting, workshop, short course, visit another lab to learn techniques, registration, unique educational activity, etc.; cannot be to defray the cost of travel or research expenses (operational, supplies, sample/assay analysis, etc.) needed to complete the dissertation research.)

**If it is for travel and/or registration to attend a scientific conference or workshop complete below:**

**Society, Conference or Workshop:** \_\_\_\_\_

**Title of Paper, Abstract or technique learned** \_\_\_\_\_

\_\_\_\_\_

Oral presentation       Poster with oral component (with set time to be present at poster)

**Faculty Co-Author(s):** \_\_\_\_\_

**Date of travel:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Submitted / Recommended By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Student

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Recommended approval by Faculty Advisor

\_\_\_\_\_  
E-Mail

**Approved by Chair Tom Slick Committee:** \_\_\_\_\_ **Date** \_\_\_\_\_

Prior to award being posted to your student account, you must turn in receipts that verify travel expenses (registration, airfare, hotel, meals) at least equivalent to the amount of the award

*Email PDF of completed/signed application to [aglsgradinfo@tamu.edu](mailto:aglsgradinfo@tamu.edu); and copy [jnorgaard@tamu.edu](mailto:jnorgaard@tamu.edu)*