



CENTRAL ARKANSAS SECTION



Application for Undergraduate Travel Grant

Date _____

Name _____

Institution _____

Address _____

Phone _____

List student affiliate offices held _____

List local section activities attended _____

Faculty Sponsor _____

Phone _____

ACS meeting to be attended _____

Are you a presenter? Yes ___ No ___

Title of presentation _____

Date funds needed _____

Student signature _____

Faculty signature _____

Note: Grant recipients will be expected to present their posters at the Central Arkansas Local Section Awards Banquet in April. Failure to participate will limit future eligibility.

Mail to: Marian Douglas
Chemistry Department, UALR
2801 South University
Little Rock, AR 72204-1099