



APPLICATION FORM

SUBMISSION OF APPLICATION

Please complete the application form and three brief statements (see below). Upon completion, save the file as a .PDF and email to sgp@mbi.edu

APPLICANT INFORMATION

Applicant*: _____ Title: _____

Award Program: ___ Special Lecture ___ Two-day Symposium

Department/Academic Program: _____

Check Payable to: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Postal Code: _____

Telephone: _____ FAX: _____

Email contact: _____

Has the department/program previously participated in the SGP Traveling Scholars Award Program? (If so, please indicate when): _____

Number of primary faculty affiliated with department/program: _____

Number of post-docs/non-tenure track faculty affiliated with department/program: _____

Number of enrolled graduate students in department/program: _____

*Both Applicant and Invited Scientist must be SGP members in good standing.

TRAVELING SCIENTIST INFORMATION

Name and Degree of Scientist: _____

Scientist's Institution: _____

Email contact: _____

VISIT INFORMATION

Proposed dates of visit: _____

Has this person been contacted in regard to the program? _____

Topic of Formal Seminar: _____

List of planned enrichment activities: _____

Expected number of attendees for both events: _____

Will other area institutions be notified of the lectures? _____

REQUIRED ATTACHMENTS

Please attach:

- 1) a preliminary itinerary for the visit.
- 2) a brief statement outlining the reasons for the invitation.
- 3) a brief statement explaining the desired benefits to host department/program, including the value of the experience for junior scientists.

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