

IPPW-8 Student Scholarship Request Form

TO BE COMPLETED BY STUDENT

First Name:		Last Name:	
University:			
University Email:			
Position (specify Full or Part Time Student):			
Planned Workshop Contribution (specify paper, poster, or attendee):			
Abstract Title:			
Principle Author:		Co-Authors:	
Street Address:		City:	
State / Province:		Zip/ Postal Code:	
Telephone:		Fax:	
Principal Author Email Address:			

TO BE COMPLETED BY SUPERVISOR

Supervisor Name:		Affiliation:	
Supervisor Telephone:		Supervisor Email:	

Students should submit a recommendation letter signed by their advisors along with their scholarship application package. Travel reimbursement will not be awarded without consideration of this recommendation.

Please complete this form and send an electronic version (word file or a scan from hardcopy) to:
students@planetaryprobe.org