



## Supplemental Funding Request Form

This form is to be used for either of the categories below. Funding is limited and will be provided first to support student conferences and, if available, to support supplemental training. Completed forms should be sent to Nini Khvedeliani at [nik4003@med.cornell.edu](mailto:nik4003@med.cornell.edu) or dropped off in A-125, 1300 York Ave.

1. Conference Travel: WCGS allows PhD students the opportunity to apply for up to \$400 per academic year (July 1 - June 30) in supplemental funding to cover approved conference travel expenses beyond the \$800 already provided. In order to apply for supplemental funding students must already have an approved Travel Request Form. Only students who met the criteria outlined in the Travel Request Form are eligible for supplemental funding.
2. Supplemental Training: This application can also be used for students who would like to complete an additional training workshop/course/seminar/etc that is not provided by WCGS. Funding may be requested to cover the registration/tuition/fees, up to \$400.

Name \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_  
Funding Purpose:      Travel to conference      Supplemental Training

### Travel:

Do you have an approved Travel Request form:    Yes    No    \* If **no**, please go **here** to complete the Travel Request form.

Travel Destination \_\_\_\_\_ Name of Conference \_\_\_\_\_

Departure/ Return Date \_\_\_\_\_ Is your mentor providing any financial support?    Yes    No

Major Sponsor Name: \_\_\_\_\_ If yes, please indicate the amount: \_\_\_\_\_

Major Sponsor Signature: \_\_\_\_\_ Amount of funding requested: \_\_\_\_\_

Below provide a detailed rationale why you need supplemental funding for this conference.

### Supplemental Training:

Supplemental Training Title: \_\_\_\_\_ Institution or Provider: \_\_\_\_\_

Supplemental Training URL: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Cost: \_\_\_\_\_ Is your mentor providing any financial support?    Yes    No

Major Sponsor Name: \_\_\_\_\_ If yes, please indicate the amount: \_\_\_\_\_

Major Sponsor Signature: \_\_\_\_\_ Amount of funding requested: \_\_\_\_\_

Below provide a detailed rationale why this additional training is critical for your success.

\* If you have a PDF announcement or listing for the supplemental training, please append it to this form.

### WCGS Approval:

Amount: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_