Weill Cornell Medicine
Graduate School of Medical Sciences
A partnership with the Sloan Kettering Institute

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 send to Nini Khvedeliani at 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:

Signature: _____

Date: _____