



# Division of Laser Science

Student Travel Grant Application

## Instructions:

1. Please print clearly the following information. Incomplete or inaccurate applications will not be considered.
2. Completed application form, proof of abstract submission, and faculty mentor recommendation should be emailed to the DLS Secretary/Treasurer, Juliet Gopinath ([juliet.gopinath@colorado.edu](mailto:juliet.gopinath@colorado.edu)) by the deadline given on the [DLS website](#).
3. Membership in APS and the Division of Laser Science is required. [Click here](#) for more information on joining APS. To add a DLS membership to your current APS membership, [click here](#).

### Applicant Information:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8-Digit APS ID: \_\_\_\_\_

Application continued on next page.

[Questions/More Information](#)



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### Presentation Information:

Title of your presentation:

All Authors:

Are you the presenting author?      Yes      No

Abstract (exactly as was submitted):

You must also attached **proof of your acceptance to the conference** to be considered for this award.

Application continued on next page.

[Questions/More Information](#)



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### Estimated Expenses:

#### Travel:

Airfare: \$ \_\_\_\_\_

Car: \$ \_\_\_\_\_

Taxi/Shuttle: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Registration: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Comments on "other" expenses:

How much are you requesting from DLS (\$1000 max)? \$ \_\_\_\_\_

**Questions?** Please contact Juliet Gopinath at [juliet.gopinath@colorado.edu](mailto:juliet.gopinath@colorado.edu)

[Questions/More Information](#)