

Grant Application

Name of Applicant: _____

Current Title of Applicant: _____

Name of Institution: _____

Address: _____

Telephone/Fax Number: _____

Conference Name: _____

Conference Date: _____

Conference Location: _____

Conference Website: _____

Your current Position: _____

- Medical Student**
- Fellow**
- Clinician**
- Research Assistant**

Amount Requested \$ _____

(Maximum \$2,500 USD for international travel; \$1,000 USD for domestic travel.)

(Please see budget request on next page)

Grant Application

Please describe the Conference and the benefits you will seek from attending including: Sessions of interest and anticipated use of information from the meeting.

Budget - Please include travel (The Jeffrey Modell Foundation is pleased to reimburse the lowest available cost of one round-trip advance purchase economy ticket), and name of hotel and cost per night. Please indicate components in US\$.

Application Information:

1. **winMD** offers grants for medical students, fellows, researchers, and physicians to travel to important conferences that highlight Primary Immunodeficiencies throughout the world.
2. Responses will be sent out by **winMD** within 14-21 days from receipt of application.
3. Send your application by email to win@jmfworld.org or fax to 212-764-4180.
4. For inquiries please e-mail: win@jmfworld.org

Name (please print)

Signature

Date