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**Medical College of Wisconsin, School of Graduate Studies
Application for
The Guy Best Memorial Training Award for Advancing Scientific
Training**

Today's Date: _____

Name of Student Applicant: _____

Degree Granting Department: _____

Degree Being Pursued _____ **Expected Date of Graduation** _____

Name of Faculty Sponsor and Department of Primary Appointment: _____

Length of time spent by student at this workshop or laboratory: _____

Location of Training _____

Date(s) of Training _____

Required Signatures

Applicant: _____

Advisor: _____

Department Chair: _____

Department Administrator: _____

Please provide the following with this application

- **Proof of acceptance for scientific training or workshop**
- **Essay 1,000 words or less describing the following**
 - **Are you attending a scientific workshop or visiting a laboratory for training?**
 - **Where do you plan to travel for your training event?**
 - **Who do you plan to receive training from? (specific individual, society, or a team of scientists, etc.)**
 - **What is the scientific area of focus for your training event?**
 - **What impact will attending this training event have on your thesis project/dissertation progression and/or career development?**

Please email the required materials to the Graduate School (gradschol@mcw.edu) by June 30th