

Kuczaj Memorial Travel Grant Application

NAME: _____

EMAIL: _____

ADDRESS: _____

UNIVERSITY: _____ PROGRAM/DEPARTMENT: _____

ABSTRACT (a separate page may be used)

THESIS ADVISOR:

ADVISOR SIGNATURE

DATE

Advisor: By signing this page you verify that the applicant is currently enrolled in a graduate program and under your supervision.

Applications must be submitted to Dr. Heather Hill (hhill1@stmarytx.edu) no later than February 28, 2026.