

## 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.