

## **ICRS Student Award Application Form**

To be completed by the student wishing to be considered for the award **1. SELECT AWARD** 

| Poster Award Presentation Award  |
|--|
| 2. CONTACT INFORMATION Full Name:                                      |
| Years of ICRS Membership:  |
| Highest Degree earned: Year highest degree awarded:                    |
| Degree Granting Institution:   |
| Field of Study:  |
| Present Institution:   |
| Address:   |
|  |
| Telephone (including country code):                                    |
| Email Address:   |
| Advisor / Supervisor Name:   |
| Advisor / Supervisor Email Address:                                    |
| Any Other Relevant Facts (NOT information in support of the applicant) |
|  |
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|  |
|  |
| Signature of Applicant Date  |
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## 3. ABSTRACT

Please paste a copy of the abstract of your poster or presentation below: