STUDENT STIPEND APPLICATION

The completed stipend application form **must** be accompanied by a letter of application, printed copy of your abstract, and eligibility verification from supervisor, and should be sent (**by 30**th **June**) to:

British Chapter ISMRM 2003 (student stipends) RCS Unit of Biophysics Institute of Child Health 30 Guilford Street London WC1N 1EH

| Applicant name | |
|--|--|
| Degree | |
| Address | |
| | |
| | |
| City | |
| post code | |
| tel number | |
| fax number | |
| email | |
| Supervisor | |
| | |
| Are you first author on the submitted abstract? \Box Yes \Box No | |
| Have you previously applied for a British Chapter student stipend 🔲 Yes 🗌 No | |
| If yes, state year(s) of support: | |
| Lowest train fare from your city to London: £ | |
| | |

Deadline for receipt of Student Stipends applications is <u>30 June 2003</u>