

**Cornelia de Lange Syndrome Foundation  
2020 Student/Researcher Travel Award Application**

Funding to attend the 2020 Biennial Cornelia de Lange Syndrome (CdLS) Foundation Scientific & Educational Symposium and National Family Conference is available to young investigators (i.e. students, post-doctoral or post-graduate fellows, or early-stage researchers) who are within the first 3 years of holding a faculty or professional research appointment.

The Foundation will offer five (5) travel awards in 2020. Awardees will receive:

- Free registration to the Scientific & Educational Symposium
- Two nights paid lodging at the Conference hotel
- Registration to attend one day of the National Family Conference
- Participation in two medical consults

Additionally, awardees will be reimbursed up to \$600 to defray reasonable transportation costs, additional lodging to attend Conference and any other Conference fees.

The format for submitting applications is outlined below.

**Application**

Submit an application via email to [director@CdLSusa.org](mailto:director@CdLSusa.org) by March 31, 2020.

To apply for the CdLS Foundation Travel Award, please submit:

**A brief statement (up to 1 page)**

- Why you are seeking funding
- How would attending this symposium help to enhance your academic/career objectives
- Anything you'd like us to know about.

**CV/Resume (1-2 pages)**

**Endorsement Form signed by your advisor, dean, or graduate administrator**

The CdLS Foundation appreciates the efforts of the scientific community to better diagnose and understand CdLS. Each day, we enlist the expertise of professionals from many fields including genetics, biology, behavior, dentistry, and education in a collective effort toward advancing global recognition and understanding of the syndrome. We are grateful for your interest in our mission and your submission.



**Cornelia de Lange Syndrome Foundation  
Symposium Travel Award Application**

**Brief Statement:**

Name of applicant: \_\_\_\_\_

Post-graduate degree(s) of applicant: \_\_\_\_\_

Title of applicant at present institution: \_\_\_\_\_

Division/department of applicant: \_\_\_\_\_

Applicant's institutional address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Administrative official to be notified if approval is made

Name: \_\_\_\_\_ Tel./email: \_\_\_\_\_



## 2020 Student/Researcher Travel Award Endorsement Form

### Travel Award Program Description

Funding to attend the 2020 Biennial Cornelia de Lange Syndrome (CdLS) Foundation Scientific & Educational Symposium and National Family Conference is available to young investigators (i.e. students, post-doctoral or post-graduate fellows, or early-stage researchers) who are within the first 3 years of holding a faculty or professional research appointment.

The Foundation will offer five (5) travel awards in 2020. Awardees will receive:

- Free registration to the Scientific & Educational Symposium
- Two nights paid lodging at the Conference hotel
- Registration to attend one day of the National Family Conference
- Participation in two medical consults

Additionally, awardees will be reimbursed up to \$600 to defray reasonable transportation costs, additional lodging to attend Conference and any other Conference fees.

### Personal Endorsement

To ensure that this travel award is used for the need for which it was developed, we request that you (the applicant's advisor, dean, or graduate administrator) acknowledge the applicant's request for this funding as gap funding only.

By signing below, you attest that the CdLS Foundation Student/Researcher Travel Grant applicant, \_\_\_\_\_ (applicant's name), has pursued all other departmental and Institute funding for this conference (specifically, funding from the applicant's advisor). Your signature indicates that to your best knowledge, there are no other means available beyond the CdLS Foundation Student/Researcher Travel Award to fund the applicant's conference travel. This award is restricted to students which have no other funding to support the student's participation in a conference or panel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number



