



PHILIPPINE PEDIATRIC SOCIETY, INC.

A Specialty Division of PMA

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RESEARCH TRAVEL GRANT APPLICATION FORM

I. APPLICANT INFORMATION

Full Name: _____

Institution/Affiliation: _____

Contact Number: _____

Email Address: _____

Membership Status: ☐ Member

☐ Diplomate

☐ Fellow

☐ Emeritus Fellow

☐ Non-Member

II. FUNDING REQUEST DETAILS

☐ Travel Grant

RESEARCH PRESENTATION DETAILS

Conference/Event Name: _____

Location/Venue: _____

Date of Presentation: _____

Type of Presentation: ☐ Poster Presentation ☐ Platform Presentation

Title of Research: _____

III. SUPPORTING DOCUMENTS (Attach the following as applicable)

☐ Letter of Request

☐ Proof of Conference Acceptance

IV. APPLICANT'S DECLARATION

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation may result in the rejection of my application.

Signature: _____

Date: _____

V. FOR PPS USE ONLY

Date Received: _____

Reviewed by: _____

Approval Status: ☐ Approved ☐ Not Approved

Comments/Remarks: _____

Authorized Signatory: _____

Date: _____