

APPLICATION FORM

CBA TRAVEL GRANT: ANNUAL GENERAL MEETING

Contact & Deg	gree I	nformation			
Applicant's Name First Lass					
Email				Phone	
Street Address					
City / State / Zip					
Country					
Institution					
Institution Addre	ess				
Area of Study / C	Concen	tration			
Years of Study		From:	To:		
Year Degree Awarded		Year:	Or: N/A		
Professor's Na	me				
Professor's Em	ail				
Publications					
Article or Book	Title			Journal / Publisher	Date
				,	
Statement Expl	aining	Financial Need	l		
•					
☐ Have you at		•			
☐ Have you at	tache	ed your Staten	nent of Explana	tion?	

N.B. Requirements may be found at

https://www.catholicbiblical.org/travel-grants-for-agm