

Illinois Conservation Foundation Todd Fink Memorial Award



To be submitted in duplicate to the advisor of the academic department. (PLEASE TYPE)

• **Legal Name:** _____ **DAWG Tag #:** _____
Last First MI

• **Address to which correspondence should be sent:**

Street

City State Zip Country

• **Email:** _____ **Phone:** _____

• **Degree:** MS Doctoral

• **Citizenship:** US Permanent Resident International

• **Graduate Schools Attended (if any):**

College/University	Location	Dates Attended (to-from)	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

• **What will be your main field of study?** _____

• **Abstract of Research (max 250 words):**

• **If awarded, how will the funds be used?** _____

FOR DEPARTMENT SIGNATURE

The above student is recommended for the **Todd Fink Memorial Award**:

Advisor's Name

Advisor's Signature

Date

Academic Department