

UNIVERSITY OF WISCONSIN - LA CROSSE
COLLEGE OF SCIENCE AND HEALTH

TRAVEL & SUPPLIES GRANTS
For Student Researchers

Date: _____ Total funds requested \$ _____

Term for which funds are requested: 20 Fall Type of Grant:
 20 Spring **Type A: Supplies** _____
 20 Summer **Type B: Travel** _____

Project Title _____

Conference Title (Travel Grants): _____

Destination/Dates of travel: _____

Principle Student Author:

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Other Student Authors:

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Print/type name: _____ Student ID: _____
Local address: _____ Local phone: _____
Signature: _____ E-mail: _____

Faculty mentor 1:

Name: _____ Department: _____
Signature: _____ E-mail address: _____

Faculty mentor 2:

Name: _____ Department: _____
Signature: _____ E-mail address: _____

(For office use only)

Eligibility check for students:	Enrolled?	1	2	3
	SAH major	_____	_____	_____
	GPA > 2.5	_____	_____	_____
	Previous reports on file	_____	_____	_____

Committee action: Approval: Denial: Date: Amount:

Dean's action: Approval: Denial: Date: