|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FOR OFFICE USE: | | | | | | | |
| *Attendees* | |  | Presenters | |  | |  |
|  | | | | | | AMOUNT |  |
| * Housing ($45x   $45x | | | | night/s) | |  |  |
| * Meals ($18x   $18x | | | | day/s) | |  |  |
| * Transportation | | | | | |  |  |
| * Registration | | | | | |  |  |
|  | TOTAL (eligible expenses) | | | | |  |  |
|  | | | | | | | |
|  | MAX AWARD ALLOWED | | | | |  |  |
|  | | | | | | | |



**Graduate Professional Travel Grant**

**APPLICATION**

*Please review Graduate School Professional Travel Funds Guidelines before completing this application.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | |  | City, State Zip | | | |  | | | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | | | | | | |  | Cell # |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Have you received other funding from Graduate Studies (check one)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No |
| If Yes, please indicate the amount, date, and funding purpose: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFERENCE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Department | | | | | | | | | | | | |  | | | | | | | | | | | | |  | Graduate Program | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduate Faculty Sponsor | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name of Conference | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of Travel | | | | | | | | | | |  | | | | | |  | Conference Location (City/State) | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Indicate whether this application is for an individual or a group of students (attending the same conference) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | Individual application | | | | | | | | |  | | Group application *(page 2 must be completed)* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| * Indicate number of conference presenters and/or attendees included in this grant application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | Number of conference PRESENTERS | | | | | | | | | | | | |  | | | | Number of conference ATTENDEES *(individuals not presenting)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAVEL BUDGET SUMMARY (indicate estimated travel expenses per person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Eligible expenses (per SUFAC guidelines)* | | | | | | | | | | | | | | | *Estimated cost per person* | | | | | | | | | | | | | *Comments/description (optional)* | | | | | | | | |
|  | Transportation | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | | | | | | | | |
|  | Registration | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | | | | | | | | |
|  | Housing per person (limited to $45/night) | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | | | | | | | | |
|  | Meals per person (limited to $18/day) | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | | | | | | | | |
|  | TOTAL | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that all of the above information is correct to the best of my knowledge. I acknowledge that the student/s is/are enrolled (and in good academic standing) in a graduate program at UWL. If approved for funds, I acknowledge that in order to receive reimbursement, I must work with my program’s ADA to request reimbursement and submit supporting documents within 15 days of conference completion. I also understand that as a requirement of accepting Professional Travel Grant Funds, I must share knowledge/materials gained from the experience with students, faculty, and/or staff at UWL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date | |  | | |
| Graduate Faculty Sponsor Signature | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION REQUIREMENTS *(incomplete applications will not be processed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Applications for **PRESENTERS** must include: | | | | | | | | | | | | | | | | | |  | | Applications for **ATTENDEES** (not presenting) must include: | | | | | | | | | | | | | |
|  | | | * Conference flyer or conference schedule from website | | | | | | | | | | | | | | | | | | |  | | * Conference flyer or conference schedule from website | | | | | | | | | | | | | |
|  | | | * Abstract of proposal for presentation | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
|  | | | * Letter of acceptance (can be submitted at later date) | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |

**Graduate Professional Travel Grant - Additional form for group application**

*If you are attending with a group, additional attendees/presenters must review*

*Graduate Professional Travel Funds Guidelines and complete/sign the information below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ADDITIONAL APPLICANT CERTIFICATION | | | | | | |
|  | STUDENT NAME | SIGNATURE | UWL EMAIL | STUDENT  ID# | PRESENTOR  Y or N |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

|  |
| --- |
| CERTIFICATIONS |
| I certify that all of the above information is correct to the best of my knowledge. I acknowledge that I am enrolled (and in good academic standing) in a graduate program at UWL. If approved for funds, I acknowledge that in order to receive reimbursement, I must work with my program’s ADA to request reimbursement and submit supporting documents within 15 days of conference completion. I also understand that as a requirement of accepting Professional Travel Grant Funds, I must share knowledge/materials gained from the experience with students, faculty, and/or staff at UWL. |