



Application for Undergraduate Travel Grant Competition

Name: _____ CWID: _____

Major: _____ email address: _____

of credits completed: _____

GPA: _____

Name of Conference: _____

Conference Location: _____

Title of Conference Presentation: _____

Dates of Travel: _____

Total Cost of Activity (use Itemized Budget worksheet below to calculate): _____

If your presentation is research related please provide proof of responsible conduct of research training and approved protocols if needed.

Itemized Budget

See <http://www.gsa.gov/portal/content/105185> for information on mileage rates, maximum daily allowances for meals, and documentation required for reimbursement (e.g., hotel receipts showing a \$0 balance).

Airfare or Car Mileage: _____

Airport Shuttles/Taxi: _____

Meals: _____

Conference Registration: _____

Other: _____

Total: _____

Faculty Advisor: By signing this form you are agreeing to insure that awarded funds are used properly.

Faculty Advisors Name (Please Print) _____ Date _____

Faculty Advisor Signature _____