

**For Office Use Only:**

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associate Provost for Academic Achievement**

320 Washington Street

Easton, MA 02357

Tel: (508) 565-1840

Fax: (508) 565-1119

**www.stonehill.edu/offices-services/academic-achievement**

**Student Travel Grant Application**

*(Applicant may type or handwrite answers below, and then print, sign and submit to*

*Associate Provost for Academic Achievement, Office of Academic Affairs, Duffy 134.)*

**Date of application:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** (First, M.I., Last):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**Class year**:      \_\_\_\_\_\_\_\_\_\_\_

**Major 1**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major 2**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minor**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic advisor 1**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept/Program**:      \_\_\_\_\_\_\_\_\_\_\_\_

**Academic advisor 2**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept/Program**:      \_\_\_\_\_\_\_\_\_\_\_\_

**Faculty sponsor** for professional meeting/event you plan to attend:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept./Program**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the professional meeting/event** you plan to attend:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of professional meeting/event** **attendance**:      \_\_\_\_\_\_\_ –      \_\_\_\_\_\_\_\_\_

**Type of involvement** at the professional meeting/event:

Oral Presentation Poster Presentation Oral and Poster Presentation

Presentation of Artistic Work

If applicable, title of oral presentation:

Provide the abstract submitted for consideration:

If applicable, title of poster:

Provide the abstract submitted for consideration:

If applicable, type of artistic work:

If possible, provide what was submitted for consideration:

**Amount Requested**: $      ($300 maximum per student)

**Provide a detailed budget** for how the grant funds are anticipated to be spent:

(*e.g.,* airfare, hotel, conference registration fee, food, etc.):

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are external funds available**? Yes No

**If yes**, indicate amount and from what source?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grants may be awarded only to those presenting or performing at a professional meeting/event. Proof of acceptance to the professional meeting/event must be provided *prior* to the awarding of a Student Travel Grant fund.

 Is proof of acceptance attached to this application? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Applicant’s Signature Date**

*I support the applicant’s attendance and participation at the above-mentioned professional meeting.*

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 **Faculty Sponsor’s Signature Date**

 **Return completed and signed application to:**

 Craig A. Kelley, Ph.D.

 Associate Provost for Academic Achievement

 Duffy Academic Center, Suite 134