



Graduate Student Presentation Travel Grant Application

NOTE: Limit one per student for the period July 1, 2023 – June 30, 2024

Page one of two – both pages required

Submit completed form to:

Kerry Cole, GEAR 213 kecole@uark.edu, gradfunding@uark.edu, or Fax: 479-575-5908

Please print or type. Fill out all fields. Incomplete applications will be returned.

Travel Grant Requested:

Doctoral Student/\$1,100 max.

MFA/MDES Student/\$1,100 max.

Master's/EdS Student/\$700 max.

Student's Name: _____ UA ID Number: _____

Student's Email Address: _____ Student's Department: _____

Student's Program of Study (e.g., biology, chemical engineering, history etc.): _____

Presentation Type: Formal Paper Poster Other (e.g. portfolio, performance)*

*If "Other," please explain: _____

Attach abstract and title of presentation with this application – required for processing. Limit abstract to one page (for creative works, you may include titles of works being presented and/or exhibit pictures).

Submit presentation acceptance/proof of presentation from the conference/meeting as soon as it is available.

Name of Conference/Meeting: _____

Conference/Meeting URL: _____

Conference/Meeting Dates: _____ Is this a virtual conference: Yes No

For in-person conference/meeting, please provide the following:

Proposed Travel Dates (if different from meeting dates): _____ Conference/Meeting Location: _____
City, State, Country (if not U.S.)

Adviser/Research Director's Name: _____ Email Address: _____

My advisor/research director is aware of and approves this travel grant request.

Student's Signature: _____

I am presenting my own research, conducted at and bearing the name of the University of Arkansas.



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Student's Name: _____ UA ID Number: _____

Approximate expected expenses: \$ _____

See Travel Office web site for per diem rates and guidelines: <https://travel.uark.edu/>

What types of expenses do you expect? Check any that apply.

Registration Lodging Mileage Rental Vehicle Airfare Meals/Incidentals Other: _____

Applicants must give a copy of the travel grant application to the appropriate department fiscal support staff person(s).

Department contact information (At least one contact is required):

Contact person: _____ Email: _____

Second contact person: _____ Email: _____

Third contact person: _____ Email: _____

Department Head/Chair's Signature

It is suggested, but not required, that departments contribute 10% (or more if funds are available) to support the student's travel.

Signature: _____ Department: _____

Signature of department chair/program director or authorized designee required.

Additional funding for this travel is being provided by (e.g., an interdisciplinary program, faculty funding, etc.):

Name of person committing additional funding: _____ Estimated amount: \$ _____

Signature: _____ Department: _____