



# GRADUATE STUDENT TRAVEL GRANT APPLICATION

**NOTE:** Limit one travel grant per student for the period July 1, 2016 – June 30, 2017.

**PAGE ONE OF TWO – both pages required.**

Submit completed form to:

Vicky Hartwell, GEAR 213 or [hartwell@uark.edu](mailto:hartwell@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/\\$1,000 maximum](#)

[MFA Student/\\$750 maximum](#)

[Master's/EdS Student/\\$600 maximum](#)

Student's Name: \_\_\_\_\_ UA ID Number: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ Student's Degree Program: \_\_\_\_\_

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.**

**SUBMIT PRESENTATION ACCEPTANCE/PROOF OF PRESENTATION as soon as it is available.**

Name of Conference/Meeting: \_\_\_\_\_

Conference/Meeting URL: \_\_\_\_\_

Meeting Dates (*not travel dates*): \_\_\_\_\_ Meeting Location: \_\_\_\_\_  
*City, State, Country (if not U.S.)*

Student's Signature: \_\_\_\_\_

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

**ADVISER/RESEARCH DIRECTOR APPROVAL OF PARTICIPATION – required for processing.**

Student's Adviser/Research Director: \_\_\_\_\_ Email: \_\_\_\_\_

I CONFIRM THAT THE STUDENT IS PRESENTING HIS/HER RESEARCH, CONDUCTED AT THE UNIVERSITY OF ARKANSAS AND IT BEARS THE UNIVERSITY OF ARKANSAS NAME. THE PRESENTATION OF THE RESEARCH WILL DIRECTLY BENEFIT BOTH THE STUDENT AND THE UNIVERSITY.

Adviser/Research Director Signature: \_\_\_\_\_

**APPLICANTS MUST GIVE A COPY OF THE TRAVEL GRANT APPLICATION TO THE APPROPRIATE DEPARTMENT STAFF PERSON(S).**

**DEPARTMENT CONTACT INFORMATION (e.g. name of fiscal support specialist) – to be filled out by department staff person(s):**

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Second contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Department Comment: \_\_\_\_\_



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**THIS PAGE IS REQUIRED AS PART OF A COMPLETE TRAVEL GRANT APPLICATION**

Student's Name: \_\_\_\_\_ UA ID Number: \_\_\_\_\_

**ESTIMATED BUDGET FOR TRAVEL** – required. See Travel Office web site for per diem rates and guidelines: <http://travel.uark.edu/>

<u>Transportation:</u>	Airfare	\$ _____	Lodging:	\$ _____
	Mileage (number of miles x \$0.42)	\$ _____	Registration:	\$ _____
	Rental vehicle	\$ _____	Meals/Incidentals:	\$ _____

Have you applied for funding from other sources (e.g. conference sponsor, professional organization)?

YES                      NO                      No funding offered from these sources

Have you been approved for funding from a source other than your department (do not include personal funds)?

YES\*                      NO

\*If yes, please list alternate funding source(s) and amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**DEPARTMENTAL HEAD/CHAIR'S STATEMENT:** Funds in the amount of at least **10%** of the total requested cost of the trip have been committed to the above student toward travel expenses for a presentation at the described meeting. I understand that the Graduate School will contribute 90% of the total travel expenses, to be reimbursed at the completion of the student's travel in accordance with the guidelines.

**SIGNATURE:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
*Signature of department chair/program director or authorized designee required.*

List any additional department/college funds committed to this student's travel: Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
*Signature of department chair/program director or authorized designee required.*