LAWRENCE UNIVERSITY

FACULTY GRANT APPLICATION FOR STUDENT TRAVEL

Please use this form if you are applying for funds to support a student with travel expenses to accompany you to a professional meeting. Student(s) must be accompanied by the faculty member applying.

|  |  |
| --- | --- |
| Application Date: |  |
| Department: |  |
| Name of Faculty Member: |  |

**Student Travel Support**

|  |  |
| --- | --- |
| Name of Student(s): |  |
| Travel Destination (city, state): |  |
| Title of Conference/Event: |  |
| Requested Travel Departure Date: |  | Return Date: |  |

**Purpose of Travel**

|  |
| --- |
| Will student(s) present a paper or poster? Y/N  |
| If no, explain significance of trip:  |

**Travel Expenses**

Travel expenses will be covered at a minimum and only while funds are available. Please exhaust all other options prior to applying.

Please provide the actual or estimated costs below. Students should share lodging with other students when appropriate. International travel, meals and/or entertainment will not be covered.

 a) Cost of transportation: $ /per person *or* $ /per group

 b) Conference/event registration fee: $ /per person

 c) Lodging\*: $ /per night for # of nights

**Total Amount Requested:** $

*Please complete this form and send it to the Provost and Dean of the Faculty Office for consideration*

Skm/last revised:2013