Student Travel Support Application

2015 APS Mid-Atlantic Section Meeting

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Undergraduate/Graduate**

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation: **ORAL / POSTER / NONE**

Title of Paper/ Poster Session (if presenting):

Are you attending this conference just to watch the presentations?

(You are still eligible for the student travel support) **YES / NO**

Dates of travel: *Start* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Return* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of travel: *from* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *to* \_\_**Morgantown, WV**\_\_

Estimated Expenses: Total Cost

Mode of transportation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ $0.47/mile $\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging

Number of nights\_\_\_\_\_\_\_\_\_@ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Estimated Travel Expenses** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be sharing a hotel room ? **YES / NO**

Please list anybody you plan to share a room with.

If you are not planning on sharing a room with anybody, would you be willing to share a room with another travel grant recipient ? **YES / NO**

Please identify additional funding sources:

Department/School $\_\_\_\_\_\_\_\_\_\_\_\_\_

From Advisor $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total amount of travel support requested** $\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Note:* There is no guarantee that full travel expenses will be covered. Depending upon the number of applicants, partial travel support could be provided.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_