**COAS Student Professional Travel Funding Application**

**2017-2018 Application Deadlines: November 1; March 1; June 1**

**PLEASE PRINT Legibility or Type Form**

**This two page application must be filled out completely**

**(Including notes on page two read and initialed)**

Submission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current **LOCAL** Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if **NO LOCAL** mailing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year at UNA: \_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_Graduate Student

Expected Graduation Date\_\_\_\_\_\_\_\_

Name of Conference/Workshop You Plan to Attend:

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

Date(s) of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Presentation: \_\_\_Activity-Poster\_\_\_ Oral Presentation \_\_\_Performance \_\_\_Workshop

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Travel (City, State, & Country if Traveling Outside US):

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

**Please attach a supplemental document that includes a description of why funding is being requested for travel, a detailed budget, and confirmation of the event (e.g., print out from the website with the upcoming conference dates).**

Amount You Are Requesting: \_\_$150 \_\_$250 \_\_\_$300\_\_\_\_Other (specify amount) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your Department Contributing to Your Travel Funding: Yes\_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_\_\_\_\_?

Did you request funds from UNA’s Quality Enhancement Plan (QEP) to support your research? No\_\_\_ Yes \_\_\_ Amount \_\_\_\_\_\_\_\_\_

Did you request funds from SGA’s RSO student allocation funds to support your research? No\_\_\_ Yes \_\_\_ Amount \_\_\_\_\_\_\_\_\_

List Any Additional Sources (including scholarships/grants) and Amounts of Funding You Received or May Receive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Applied for Travel Funding from The College of Arts and Sciences Before? \_\_\_No \_\_\_Yes If Yes, When and What Type of Funding Did You Apply For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE initial below stating you have read the following.**

\*\*If you are unable to participate in your travels, you MUST notify The College of Arts and Sciences. The student will not receive the awarded monies. If awarded monies have already been distributed, the student will be responsible for returning the funds. \_\_\_\_

**PLEASE initial below stating you have read the following.**

\*\*By initialing this form, I understand I MUST present documentation including, but not limited to; a copy of program/conference, name tag, receipts pertaining to travel, and a travel report submitted no later than ONE MONTH from my return to The College of Arts and Sciences Dean’s Office. Should I not provide the information, I realize any awarded monies by The College of Arts and Sciences Dean’s office must be returned. \_\_\_\_

**PLEASE initial below stating you have the following items attached BEFORE submitting your application**

\*\*Detailed Budget is included in supplemental document \_\_\_\_

\*\*Detailed description why funding is being requested for travel\_\_\_\_

\*\*Information from website, email, program, etc. confirming the event\_\_\_

\*\*I understand this money is for educational travel only\_\_\_\_

\*\*OK to send email notification of awarded monies\_\_\_\_

Please contact The College of Arts and Sciences Dean’s Office, at (256) 765-4288, or [artsandsciences@una.edu](mailto:jmaddox1@una.edu), if you have any additional questions regarding the application process. Applications must be submitted via email to [artsandsciences@una.edu](mailto:jmaddox1@una.edu).

Dean’s Office Only

Approved \_\_\_ Not Approved\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_