



SCHOLARS' TRAVEL FUND APPLICATION

A. APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____ Telephone: _____

Indicate Rank: Professor Associate Professor Assistant Professor

Department/Center Name: _____ Campus Address: _____

B. CONFERENCE INFORMATION

Name of Conference: _____

Sponsoring Organization: _____

Official Conference Dates: _____ City: _____ State: _____

Purpose of Conference Travel (*check at least one*):

	Present research, scholarship, or creative activity <i>(Attach an abstract of the presentation and official notice of acceptance).</i> Title of paper(s):
	Serve as chairperson <i>(Attach a description of the committee including your responsibilities and an official invitation or documentation of your participation)</i>
	Participate as panelist <i>(Attach a description of the panel including your responsibilities and an official invitation or documentation of your participation)</i>
	Other <i>(Attach a description of the activity including your responsibilities and official documentation of your participation)</i>

C. FINANCIAL SUPPORT INFORMATION

Total Estimated Cost of Trip: \$ _____ Amt. Requested from CAS STF: \$ _____

Matching Funds (*Each contribution must be initialed by the individual with authority to commit funds.*)

Amount	Source	Authorizing Official	Initials
\$	College/School Contribution	Dean	
\$	Department Contribution	Dept Chair/Head	
\$	External Grant Contribution	PI	
\$	Other:	Other:	

D. SIGNATURES

Applicant _____ Date: _____

Dept. Chair/Head _____ Date: _____