

Family and Consumer Sciences

APPLICATION FOR DEPARTMENTAL TRAVEL SUPPORT

UNDERGRADUATE STUDENTS

Support funding up to $500 is available to students who are presenting or receiving professional certification at a conference or training. A maximum of $250 is available to students who are attending a conference or professional event but not presenting or receiving certification. Such support is not automatic. Students must formally request support using this form. It must be submitted to the department head.

In addition to the table below, the request must include:

* a budget of estimated expenses
* a statement of the personal benefit to be gained by attending and/or presenting
* a letter of support from a faculty member

Students who are approved for funding support are required to share their experience by supplying the department with a picture from the conference/event and a paragraph discussing what the student gained from their experience. Failure to do so will result in the student paying back the support allocation. Other consequences could include a hold on grades, transcripts, and conferring of degrees.

Incomplete applications will not be considered. Applications are due a minimum of one week before travel occurs.

|  |  |
| --- | --- |
| Name: |  |
| Program Area: |  |
| Class Status (check one): | FreshmanSophomore | Junior Senior |
| Professional Organization: |  |
| Meeting Dates: |  |
| Meeting Location: |  |
| I will: | Present/receive certification | Attend |
| Description of professional activity: |  |

**Budget**

Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Airfare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per Diem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incidental: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parking, Taxi, etc.)

Total:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Personal Benefit:**