

Graduate Student Affairs Committee

Conference Funding Application

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Name: _____ SCSU ID#: _____ Date: _____

Department: _____ Expected Degree: _____

Registration Status (*check one*): Full time Part time

Anticipated graduation date: _____ (month) _____ (year)

Local Address: _____ Permanent Address: _____

Day Phone #: (___) _____ Day Phone #: (___) _____

Evening Phone #: (___) _____ Evening Phone #: (___) _____



Total Amount Requested: \$ _____

Have you applied for or received any other aid or award for this conference (*check one*)? Yes No

If yes, list amount(s) and source(s):

Amount	Source	Check One
\$ _____	_____	Pending <input type="checkbox"/> Received <input type="checkbox"/> Denied <input type="checkbox"/>
\$ _____	_____	Pending <input type="checkbox"/> Received <input type="checkbox"/> Denied <input type="checkbox"/>

Nature of participation (*check one*): Presenting Attending

Applications must include:

1. Copy of conference brochure and registration material.
2. Written proposal including the relevance of the conference to your field of study or teaching.
3. A line budget of anticipated expenses
4. Total amount being requested.
5. A letter of invitation or equivalent if applicant is presenting a paper or participating in a conference session.

All original receipts for expenses must be submitted to the GSAC Coordinator within 30 days of the end of the conference.

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I acknowledge that the information provided in the Conference Funding Application and attached documentation is correct.

Student's signature _____ Date _____

I acknowledge that this student will be attending an academic conference in his/her field. I also acknowledge he or she is a matriculated student in good academic standing.

Department Chair's/Advisor' Signature _____ Date _____

I acknowledge that this student will give a presentation to his/her class upon returning from their conference.

Professor's Signature _____ Date _____

Please Submit To:

Arlene Lucibello
GSAC Coordinator
SCSU Lyman Center Room 116
501 Crescent St.
New Haven, CT 06515

For Office Use Only

Date Received: _____ Date Reviewed: _____ Reviewers' Initials: _____

Application Approved: Yes No Amount Approved: _____

Date Receipts Received: _____ Amount Awarded: _____