**WiSE Travel Award Application**

Department of Psychology, Appalachian State University

**Fill out the application and submit your completed application as an email attachment to Dr. Mark Zrull (****zrullmc@appstate.edu****).**

To be considered, an application and supporting material must be returned to Dr. Mark Zrull (zrullmc@appstate.edu) by the date/time deadline at <https://psych.appstate.edu/students/scholarships>.

**Instructions.**

There are only individual WiSE Travel Awards for the current academic year. ***Please remember that you must comply with all Department, College, and University requirements for travel (e.g., all paperwork including COVID plan, etc.).*** Please provide the requested information in the shaded box after each prompt: e.g., for the “Name:” prompt, I would respond, “Mark Zrull”, in the shaded box. For questions, please answer by highlighting or bolding the appropriate response: e.g., “Yes No”, or “**Yes** No”.

**About you.**

|  |  |
| --- | --- |
| Name:  |  |
| email:  |  |

Class standing (highlight, bold, or circle one): Fr. Soph. Jr. Sr. Grad.

Are you in good academic standing (highlight, bold, or circle one)? Yes No

Are you on any status of judicial probation (highlight, bold, or circle one)? Yes No

**About the meeting/conference.**

|  |  |
| --- | --- |
| Name of conference/meeting:  |  |
| Date(s) of conference/meeting:  |  |

The conference/meeting is online/virtual (highlight, bold, or circle one): Yes No

**About your presentation.**

|  |  |
| --- | --- |
| Title of presentation:  |  |
| Authors (including yourself):  |  |

Are you an author on the paper/poster (highlight, bold, or circle one)? Yes No

Has your presentation been accepted (if yes, please attach proof, proof is required before reimbursement can be made) (highlight, bold, or circle one)? Yes No

Will you help prepare the presentation (highlight, bold, or circle one)? Yes No

Will you help present the paper/poster (highlight, bold, or circle one)? Yes No

**About your funding request.**

What other sources of support (not including personal funds) are you seeking/have you received for this meeting/conference, and what is the amount?

|  |  |
| --- | --- |
| Amount:  | $ |
| Source(s) of other funds:  |  |

What are your costs and how much support are you requesting (maximum is $200)? Remember, state policies and rates apply.

|  |  |
| --- | --- |
| Cost of registration:  | $ |
| Cost of travel (i.e., mileage, airfare, etc.) | $ |
| Cost of lodging: | $ |
| Cost of meals: | $ |
| Funds requested:  | $ |

**IMPORTANT!** You must attach to your submission email a copy of the conference/meeting paper/poster/presentation acceptance, or submission form if not yet accepted, and a copy of the abstract/proposal on which you are an author. The faculty member with whom you are working must support this submission and you are indicating their support when you put their name below. You should speak with them before entering their name. This application must be returned by the deadline. **Incomplete applications will not be considered.**

By filling out the foillowing you are certifying that the information provided in this application is accurate and that you have the support of the faculty member listed below

**Your typed full name or signature.**

|  |  |
| --- | --- |
| Name or signature:  |  |
| Date:  |  |

**Your faculty advisor/mentor typed name and email.**

|  |  |
| --- | --- |
| Facutly advisor/mentor name:  |  |
| Faculty advisor/mentor email address:  |  |