WiSE Travel Award Application  
Department of Psychology, Appalachian State University

(You must submit a hard copy of this application with any necessary supporting information.)

To be considered, this application and supporting information must be returned to the Department of Psychology office by 5 pm on the day of the deadline (listed in criteria).

This application is… for an **INDIVIDUAL**. for a member of a **GROUP**.

Name: ________________________________ ASU Box: ________________
e-mail: ________________________________ Phone: ____________________

Class standing (circle one): Fr. Soph. Jr. Sr. Grad.

Are you in good academic standing? **Yes** **No**
Are you on any status of judicial probation? **Yes** **No**

If you are part of a group of students applying for this grant award, please list the names of other group members. **Each group member must submit an application.** All group members’ applications should be submitted together.

Other group members: ______________________________________________________
_____________________________________________________

Name of conference/meeting: ________________________________

Dates of conference/meeting: ________________________________

Location: ________________________________________________

Title of presentation: _______________________________________

Author(s) (including yourself): ________________________________

Has the paper/poster been accepted (if yes, please attach proof, if no, proof will be required before reimbursement is made)? **Yes** **No**

Are you an author on the paper/poster? **Yes** **No**

Will you be involved in the preparation of the presentation? **Yes** **No**

If you attend the meeting/conference, will you help present the paper/poster? **Yes** **No**
• What other sources of support (not including personal funds) are you seeking/have you received for this meeting/conference, and what is the amount?

• How will you travel, and what is the cost (if a group member, include only your cost)?

• Where will you stay, for how many nights, and what is the cost (if a group member, include only your cost)?

Complete the following to determine the award amount for which you are eligible.

\[
\text{Registration cost... } \underline{\phantom{0000}} \\
+ \quad \text{Travel cost......... } \underline{\phantom{0000}} \\
+ \quad \text{Lodging cost ....... } \underline{\phantom{0000}} \\
- \quad \text{Other support ....... } \underline{\phantom{0000}} \\
= \quad \text{Total requested..... } \underline{\phantom{0000}} \quad \text{(maximum $200)}
\]

**IMPORTANT!** You must attach a copy of the conference/meeting paper/poster 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 sign this form. This application must be returned by the deadline. **Incomplete applications will not be considered.**

I certify that the information provided in this application is accurate.

________________________________________________________________________  ______________
Student’s signature  Date

I verify that the student is an author on the paper/poster named above and will be involved in preparing and/or making the presentation if she or he attends the meeting/conference. To the best of my knowledge, I verify that the information provided in this application is accurate.

________________________________________________________________________  ______________
Faculty signature  Date

________________________________________________________________________
Faculty name (please print)