

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 the award amount for which you are eligible.

Registration cost... _____
+ Travel cost..... _____
+ Lodging cost _____
- Other support _____
= Total requested..... \$_____ (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)