UNCG SCHOLARS' TRAVEL FUND APPLICATION FORM

Reserved for use by Office Research and Public/Private Sector Partnerships			
Date Received	**Log No.**	**Previous STF**	**Comments**

A. APPLICANT INFORMATION

_____ _____ _____
Last name, first name, middle initial Email Telephone

Indicate Rank ____Professor ____Associate Professor ____Assistant Professor

_____ _____
Department/Center Name Campus Address

B. CONFERENCE INFORMATION

Name of Conference _____

Sponsoring Organization(s) _____

Official Dates of Conference _____

Location of Conference _____ _____
City State

Purpose of Travel (check at least one)

____ Present research, scholarship or creative activity (*Attach an abstract of the presentation and official notice of acceptance)*
Title of paper(s)_____

____ Serve as chairperson (*Attach a description of the committee including your responsibilities and an official invitation or documentation of your participation)*

____ Participate as panelist (*Attach a description of the panel including your responsibilities and an official invitation or documentation of your participation)*

____ Other (*Attach a description of the activity including your responsibilities and official documentation of your participation)*

C. FINANCIAL SUPPORT INFORMATION

$ _____ **Total Estimated Cost of Trip**

Each matching contribution must be initialed below by the individual with authority to commit funds for the match.

Amount of Match	**Source of Match**	**Initials of Authorizing Official**
$ _____	College/School Contribution	_____ Dean
$ _____	Department Contribution	_____ Dept. Chair/Head
$ _____	External Grant Contribution	_____ PI
$ _____	Other (describe_____)	_____ Other

D. SIGNATURES

Applicant _____ Date _____

Dept. Chair or Head_____ Date _____

Dean _____ Date _____