



Student Travel Award

Goal

The Center for Student Research offers support to students incurring expenses while traveling to professional meetings and conferences. Students supported by this competitive travel award are expected to be actively involved in the proceedings of the conference or meeting they choose to attend. Active participation includes making oral presentations, presenting posters or participating on a panel. In fine arts fields, active participation may include performance or exhibition of a new composition. Only students accompanying a faculty member will be eligible to receive the award.

Students of all majors are eligible for funding. Funds may support registration, travel, hotel and food costs. The maximum award is \$500; however, lesser amounts to provide partial funding may be awarded based on the number of applications and other factors.

Eligibility

The award is available to students in good academic standing who are:

- A. Attending a conference to present co-authored research papers (poster or oral presentation)
- B. Attending a conference to participate in a panel discussion
- C. Performing a creative or experiential activity based on research

Applications

Complete applications are due by:

- 2013: November 4
- 2014: February 10 and April 7

Late applications will not be considered.

Submission

Completed applications should be sent on or before the due date to Kelly Bonnar, Director of the Center for Student Research, in 102 McVicar Hall. Please contact bonnarkk@potdam.edu with any questions about the application process.

Application Instructions

Complete each line of the application.

Student Travel Award Application

A complete student conference travel application will include:

- Student conference travel application form(s) submitted as a packet
- Copy of SUNY Potsdam [Travel Requisition](#) submitted (with completed signatures)
- Proof of participation (copy of acceptance letter, letter of invitation, printed conference program)
- Additional funding source(s) confirmations

Student Information

Name:	GPA:
Department:	Date of Application:
Campus Address:	
Email Address:	Phone:

Faculty Information

Name:	Department:
Email Address:	Campus Phone:
Campus Address:	

Purpose of Travel

Conference Title:	
Location:	
Date of departure:	Date of return:

Please check only 1 box

Poster Session

Title:

Faculty Co-Authored Research Paper

Title:

Individual Student Research Paper

Title:

Creative or Experiential Activity

Title:

Student Participation (to be completed by each student participant): On a separate page, please include an abstract of your research project. Also, in one or two sentences, describe your role in the presentation at the conference. Please do not exceed 250 words.

Estimated Travel Expenses

<i>Room and Board</i>	<i>Rate/day</i>	<i># of days</i>	<i>Total</i>
Lodging (Name):			
Meals and Incidental expenses			
<i>Transportation</i>	<i>Mileage Rate</i>	<i>Distance</i>	
Personal Vehicle from _____ to _____			
SUNY Potsdam vehicle from Potsdam to _____			
Common Carrier from _____ to _____			
<i>Additional Expenses</i>			
Registration Fee			
<i>Other Expenses</i>			
1.			
2.			
3.			
<i>Total Estimated Expenses:</i>			

Additional Sources of Funding for Travel

Please indicate any additional funding sources and the dollar amounts that have been contributed to support this travel request. Check all boxes that apply.

Sources of Additional Funding	Status of Request (Write: Approved, Not Approved or Pending)	Date of Request	Amount Requested
<input type="checkbox"/> SUNY Potsdam Foundation			
<input type="checkbox"/> Student Government Association			
<input type="checkbox"/> Dean			
<input type="checkbox"/> Provost			
<input type="checkbox"/> Academic Department			
<input type="checkbox"/> State Grant Award			
<input type="checkbox"/> Federal Grant Award			
<input type="checkbox"/> Kilmer Undergraduate Research Grant			
<input type="checkbox"/> LTEC Travel Award			
<input type="checkbox"/> Presidential Scholars Program			
<input type="checkbox"/> UUP			
<input type="checkbox"/> Other (please specify)			
Total Additional Funding:			

Signature of Applicant: _____ **Date:** _____

Faculty Mentor Signature: _____ **Date:** _____

Faculty Name (printed): _____