RAC/WARDEN APPLICATION FOR **TRAVEL** FELLOWSHIP

Conference being attended between: Submit Application Deadline:

September 30 –January 30 September 15th

February 1-June 30 January 30th

July 1-September 30 June 1st

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Clinical Student? (Y/N) \_\_\_\_ Your email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Date of Conference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of paper or poster to be presented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All authors in the order listed on paper or poster:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget

Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* List only the required fee for the conference; extra fees for workshops. etc. will not be reimbursed.

**\*\*Total awarded varies by available funds. See Graduate Handbook for travel fellowship policy.**

List other funding sources to which you have applied to support this travel and their funding status:

Please initial the following UNL and Department policy requirement statements:

\_\_\_ I understand that I am required to submit a pre-trip request for travel authorization.

\_\_\_ I understand that I am required to purchase UNL student travel insurance before travel.

\_\_\_I understand that I must submit the certification that I attended the conference, signed by my faculty advisor within 60 days of returning from the trip.

Faculty Sponsor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT *ONE* COPY OF THIS COMPLETED AND SIGNED FORM AND A COPY OF THE PRESENTATION ACCEPTANCE NOTIFICATION (if available)\* TO JAMIE IN THE PSYCHOLOGY DEPARTMENT OFFICE, 238 BURNETT, BY THE DEADLINE ABOVE.**

**\*** If acceptance notification has not been received, please submit it as soon as it is available.