

## **GSA Travel Fellowship Application**

Revised 10/31/01

### **Important Information:**

To encourage student participation in professional societies and scientific meetings, the Graduate Student Association (GSA) provides travel fellowships. The purpose of these fellowships is to aid students who otherwise would be unable to attend the meeting without incurring financial hardship. Due to the limited supply of funds, only students who will be presenting papers or posters are eligible for reimbursement. In addition, a student may receive only one fellowship per academic year (July-June- see below).

**Students submitting an application must be a member of an active department in the GSA.** If your department does not have representation at the GSA meetings, applications will be denied. Because of the numbers of application received by the GSA, an award is not guaranteed and the amount of the award may vary. While the maximum award is \$250.00, in many cases the award may be less. If a student has other sources of funding, it will not preclude receiving aid from the GSA, but the GSA recommends not depending on their support, if possible.

The application must be completely filled out and signed by the appropriate authorities. **Any incomplete or unsigned applications will be returned.** Since the fellowship is intended to support students who will experience financial hardship by attending a meeting, expenses such as food, lodging, transportation to and from the meeting, and registration fees are reimbursable. Rental cars, except in rare cases, are generally not considered necessary for attendance at a scientific meeting. The GSA reserves the right to award fellowships as it deems necessary. All decisions are final. Completed applications may be submitted to the GSA office (BSU Room 215).

### **DEADLINES FOR SUBMISSION:**

#### **If you are travel during:**

1<sup>st</sup> Quarter- July, August, September  
2<sup>nd</sup> Quarter- October, November, December  
3<sup>rd</sup> Quarter- January, February, March  
4<sup>th</sup> Quarter- April, May, June

#### **Fellowship applications must be submitted by:**

October 15  
January 15  
April 15  
July 15

The entire application may be downloaded from <http://graduate.umaryland.edu/gsa/>

## Applicant Information

(Please print legibly or type)

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

Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Advisor's Phone Number: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Circle One:

Oral Presentation

Poster Presentation

**Please attach a copy of the abstract for the presentation.**

**Please attach a current CV including all scientific meetings attended.**

## Reimbursement Information

(Please print legibly or type)

**Requirements:**

1. All expenses, including those that the GSA is **not** being requested to reimburse, must be listed.
2. Any expenses that the GSA is being requested to reimburse must have original receipts attached to the application. **If no receipt is attached, the item will not be reimbursed.**
3. Both the applicant and the applicant's GSA representative must sign below.

**Allowances:**

1. Reimbursement for meals will not exceed \$25.00 per day (receipts must be included)
2. If a private automobile is used, reimbursements will be provided at \$0.25 per mile.

**Please fill in completely and attach receipts.**

DATE							
					<b>TOTAL</b>	<b>Funded by Other source? (Y/N)</b>	
Registration Fee	_____	_____	_____	_____	_____	_____	_____
Breakfast	_____	_____	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____	_____	_____
Lodging	_____	_____	_____	_____	_____	_____	_____
Taxi Fare	_____	_____	_____	_____	_____	_____	_____
Airfare	_____	_____	_____	_____	_____	_____	_____
Car (\$0.25/mile)	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
					<b>TOTAL</b>	_____	
					<b>Other Funding</b>	_____	
					<b>GSA support requested</b>	_____	

<b>Applicant Signature</b>	<b>Date</b>	<b>GSA Representative Signature</b>	<b>Date</b>

**Preferred location for reimbursement to be sent: (please circle one)**

Mailed to home address     
  Mailed to campus address     
  Hand delivered by GSA representative



**Funding Information, continued**

(Please print legibly or type)

**C. To be completed by a departmental administrator or other departmental authority:**

Please indicate below the amount of funding, if any that is currently being provided by the department to the student for meeting and travel expenses (e.g. \$500.00 for airfare and hotel, \$100.00 for registration).

---

---

---

**D. Signatures**

The undersigned confirm that all information herein is true, complete, and accurate to the best of the applicant's, advisor's, and administrator's knowledge.

**Signature of Graduate Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Departmental Administrator:** \_\_\_\_\_

**Signature of Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_