**HMS STUDENT TRAVEL GRANT APPLICATION**

Health, Medicine and Society

Lehigh University

Instructions:

1. Fill out the application completely in ink. Note, you must have a signature from your Research Advisor or the Department Chair that verifies you are traveling to this conference.
2. Prepare the following required documents:

* Proof of the conference, e.g. print out of conference announcement
* If presenting a paper/poster at the conference - proof of acceptance as a presenter, e.g. letter of acceptance from the conference
* Estimated expenses (fill out the second page of the application)
* A description of what you will do at the conference and what you will gain out of it. This description should make clear the relation of the conference to the priorities of the HMS program. This description should NOT exceed 250 words in length.

1. Submit this application form along with the required documents to Jessecae Marsh by email ([jessecae.marsh@lehigh.edu)](mailto:jessecae.marsh@lehigh.edu)) least 14 days prior to the travel for your conference event. Please scan in this form and the accompanying document and send it as a pdf file.

Please note that you must be an active HMS student on both the date of application and during the dates of the conference to qualify for funding. Only conferences that focus on themes related to HMS will be considered for funding. The maximum funding limit is $200.00.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lehigh ID Number (LIN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Research Advisor or Department Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you: (please check one)

* Presenting a paper/poster
* Only attending

Have you submitted another travel grant application or already received funding for this conference with a different department/agency?

* Yes. Amount of funding requested/received: $\_\_\_\_\_\_\_\_\_\_\_\_ Source(s):\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Have you received travel funding from HMS in the past?

* Yes. Amount of funding received: $\_\_\_\_\_\_\_\_ Date of funding received:\_\_\_\_\_\_\_\_\_\_\_\_
* No

Estimated Expenses (please itemize)

Description: Cost:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Estimated/Incurred expenses: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that I am a HMS student and that the above cost and funding estimates are accurate. Furthermore, I understand that if I willfully misuse this funding, I will be ineligible for travel grant privileges in the future and will be required to return the grant funding to HMS.

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

Student’s Signature Date

I verify that, to the best of my knowledge, the applicant is attending or presenting at the aforementioned conference.

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

Signature of Research Advisor or Department Chair Date

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(For HMS use only)

Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES/ACTION TAKEN:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Notes** | **Initial** |
| Check student eligibility |  |  |  |
|  |  |  |  |
| Emailed approval or denial |  |  |  |
| Sent reimbursement by campus mail |  |  |  |
| **OR** Emailed student to pick up reimbursement |  |  |  |