

Graduate Conference Grant Application

Name: _____

Check One

Presentation **Attendance**

Check List:

If everything is not checked off (i.e. it's not with your application) your application is not complete and will not be considered for funding. Everyone must attach the requested materials, no exceptions.

Completed Application Form (*must be complete and legible in order to be considered for funding*)

A copy of your current course schedule verifying enrollment in a graduate program at UNC. This can be found on URSA under the student tab.

Cover letter explaining how attending this conference will contribute to your education, future career and betterment of the UNC community.

Conference documentation-what, where and when (examples: brochure, web site printout, etc)

For those presenting at a conference:

Brief abstract of presentation (no more than 1 page in length)

Confirmation of presentation (copy of the original letter or e-mail addressed to the applicant). If you are not the first author and the original letter or email was not addressed to you, GSA will need further documentation verifying authorship (conference program, additional email from conference committee upon request, etc)

Submit the application and attachments to the GSA office, Room 2025, or the GSA mailbox, both in Student Activities, located on the 2nd floor of the University Center. If submitting via mail, please address to: *Graduate Student Association, Campus Box 78, UNC, Greeley, CO 80639-0142.*

<i>If your conference/research takes place:</i>	<i>Deadline for application submission is on:</i>	<i>Deadline for recipients to collect funding</i>
July-August 2011	July 22, 2011	August 26, 2011
<i>September-December 2011</i>	<i>September 16, 2011</i>	<i>December 16, 2011</i>
January- April 2012	February 3, 2012	April 27, 2012
<i>May-June 2012</i>	<i>May 25, 2012</i>	<i>June 29, 2012</i>

Graduate Student Association Grant Application
Applicant Form (all information is mandatory to receive funding)

Name: _____ Bear # _____ - _____ - _____

Phone: (____) _____ - _____ E-mail: _____

Program/Major (*e.g. M.S. in Chemistry*): _____

College: (***circle one***) NHS PVA EBS HSS

Title of Conference: _____

Location of Conference: _____ Dates of travel: _____ to _____

Title of Presentation (if presenting): _____

Eligibility

How many credits of graduate course work have you completed? # _____

How many credits are you currently enrolled in? # _____

What is your expected date of graduation? (*mm/yy*) _____

Have you applied and received another GSA grant since July 2011? Yes / No

If yes, please indicate which grant funding session: (**circle one**) Summer (1) (July-August)
 Fall (September- December)
 Spring (January-April)
 Summer (2) (May-June)

Note: If it is found that this information is false, you can be banned from any further GSA grants

Are you receiving funding from any other source for this conference? Yes / No

If so, please list all sources and expected dollar amounts below.

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____

If presenting, are you presenting with any other students or faculty? Yes / No

If so, please include their name(s).

Name(s)

Expenditures

Only the approved expenses below will be reimbursed with GSA funds. Please check which expenditures you are requesting funding for. Please include what expenses are being shared, if any (i.e. hotel, gas). Include the total amount of money requested to help with expenses.

<input type="checkbox"/> Airfare	\$ _____
<input type="checkbox"/> Mileage (in-state) #Miles _____ X0.46	\$ _____
<input type="checkbox"/> Transportation (car rental, airport shuttles, etc.)	\$ _____
<input type="checkbox"/> Parking	\$ _____
<input type="checkbox"/> Conference registration fee <i>only</i> (membership fees and application fees are not eligible)	\$ _____
<input type="checkbox"/> Lodging/Accommodations	\$ _____

Total	\$ _____

Faculty Support

The GSA council reserves the right to contact faculty sponsors or advisors to validate research requests or appropriateness of conference. **You must have a faculty signature, no exceptions.**

Faculty name (print): _____

Faculty e-mail (required): _____

Faculty signature: _____

By signing below, applicants agree that the information provided is accurate and may be shared with individuals necessary to complete the review and reimbursement process. (Approved individuals are at the discretion of the GSA President.) Some of the above information (name, title of research, etc.) may be used to advertise and campaign on behalf of the GSA. If any of the above information is found to be incorrect or fraudulent, the GSA reserves the right to deny funding for the entire current fiscal year. **Applicant's signature also acknowledges that the applicant has read the GSA handbook which includes GSA's policies and procedures related to the grant process, including the Question and Answer section (found at www.unco.edu/gsa).**

Applicant Signature: _____ **Date:** _____