

Date:	College:
Student Name:	Department:
Student ID Number:	Degree Program:
Student Email Address:	
Title of Presentation:	
Name of Conference:	
Location of Conference:	Proposed Travel Dates:
Conference Sponsor:	
Itemized projected travel expenses (airfare, re	egistration fees, lodging, meals, mileage, etc.):
Applicant's Signature:	Date:
I approve this student's application for a Scholarly Pres following amount toward the travel expenses of this stu	sentation Travel Assistance Award. My department will contribute the udent.
Departmental Contribution:	
Chair Signature:	

Email or letter of acceptance is required with this application. Form must be submitted to Shanita Sanders (shsanders@astate.edu) after electronic signatures are completed. Please ensure any relevant additional documentation is attached to the generated email.