

**NAU's  
COLLEGE OF HEALTH AND HUMAN SERVICES'  
STUDENT TRAVEL GRANT PROGRAM (Spring 2019)**

1. **Only NAU CHHS students presenting at a conference/meeting are eligible to apply.**
2. **Only submit completed & fully signed requests**, at least **14 days** prior to the conference/meeting, to the CHHS Grant & Project Support Coordinator – via CHHS room 118 or to Joel.Fritzler@nau.edu.
3. **DEADLINE:** Applications will be accepted until **4:00 pm on April 12<sup>th</sup>**, or until all of the funds allocated for semester have been awarded. **\*\*Applicants who apply early will improve their chances of success.**
4. The Dean's Office will reimburse **up to \$200** only for transportation, hotel, and/or registration expenses to CHHS students with approved travel requests. Funds from the CHHS Student Travel Grant Program will not reimburse for meals or incidentals.
5. **Obtain** your Dept. Chair or the School of Nursing Director approval on page two of this request form.
6. **A copy of the presentation acceptance/invitation letter/email may be submitted before or after the event but, it is required prior to being reimbursed for any travel expenses.**
7. **For any questions, contact Joel.Fritzler@nau.edu.**

**Student's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CHHS Program:** \_\_\_\_\_ **Location (i.e. PBC, Flag, etc.):** \_\_\_\_\_

**Student's NAU ID:** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

1. **Conference/Meeting Information** (organization's name, and title, location, and dates of conf./mtg.):
  
  
  
  
  
  
  
  
  
  
2. In the space below, provide a citation (**see example below**) for your presentation, with the name(s) and institution(s) of your collaborators/co-presenters (if applicable), and the title of your presentation. In the citation, **BOLD and underline** your name and **CAPITALIZE and bold** the name of your faculty mentor(s) at NAU. In addition, include the TYPE of presentation (e.g., poster, podium presentation), name of the organization at which you will be presenting, and the dates and location of your conference.

**Example:** **Smith, J.**, Jones, K., **PALMER, S., & RANSDELL, L.B.** (Northern Arizona University). Why NAU is the best possible place to obtain your graduate education. Poster Presentation for the American Council of Graduate Education, March 2-4, 2019 in Louisville, KY.

3. On the next page or in an attachment, explain in a few sentences why you should receive this grant, including the benefit that you, your department, and/or NAU will gain from your presentation. (**NOTE:** This information is comparable to your "elevator speech" and it may be used to publicize your presentation.)

<b>Complete the Budget below (fill in every box <u>even</u> if the amount is \$0)</b>	
1. Travel (specify mode of travel; i.e., air, train, car, etc.): _____	\$
2. Lodging:	\$
3. Registration:	\$
4. Other Costs (If any, explain "Other Costs" above or attach explanation):	\$
<b>5. TOTAL Estimated Cost of Trip: (Add Lines 1 through 4)</b>	\$
6. Contribution from School/Dept./Program (state source(s)): _____	\$
7. Other Funding (state source(s) (Grad College, self, etc.): _____	\$
8. Amount of budget that hasn't yet been funded. (Line 5 minus Lines 6 and 7)	\$
9. Amount requested from CHHS: (Maximum \$200)	\$

By my signature below, I verify that I have read and followed the instructions on these two pages, and that the statements and the budget above are accurate. If my application is awarded, I will submit the required one-page Travel Report as per the instructions in the award letter.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Only after** your Dept. Chair or the SON Director has approved the request and the budget, by signing below, submit your completed request to the CHHS Grant and Project Support Coordinator via CHHS room 118, PO Box 15015, or Joel.Fritzler@nau.edu.

**Department / School of Nursing (SON) Approval**

By my signature, I approve this request and verify that the budget is accurate.

\_\_\_\_\_  
**Department Chair / School of Nursing Director's Signature      Date**

**Comments from Chair/SON Director:** \_\_\_\_\_

<b>CHHS Dean's Office Use Only</b>	
<b>Amount awarded by Dean:</b> _____	<b>Dept ID:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Date the Presentation acceptance/invitation letter was received:</b> _____	