

**NAU's COLLEGE OF HEALTH AND HUMAN SERVICES'
STUDENT TRAVEL GRANT PROGRAM
AY 2021-22 (Aug. 23, 2021 – Aug. 22, 2022)**

****Read the Following Guidelines “Thoroughly & Carefully” before Submitting an Application****

1. **ONLY NAU CHHS students** presenting at a conference/meeting between Aug. 23, 2021 and Aug. 22, 2022 are eligible to apply. A student can only receive **one** award during this period.
2. The presentation (podium or poster) must be about the findings of a class research project or the applicant's research that is specifically connected to the field of study of the student's department or school.
3. A copy of the student's presentation acceptance/invitation letter/email from the host organization may either be submitted before or after the event **but, a copy of the “invitation” must be received** and approved by the Dean's Office prior to any travel expenses being reimbursed.
4. **Submit only completed and fully signed requests (at least 11 font)**, at least **14 days** prior to the conference/meeting, to the CHHS Dean's Office – via CHHS room 118 or to CHHS@nau.edu. **Incomplete applications will be returned to the applicant.**
5. CHHS has budgeted \$8,000 (\$4,000 per semester) for this program. Applications will be accepted until all of the funds allocated for each semester have been awarded. Therefore, **Applicants who apply early will improve their chances of success.** Applications for spring semester or summer events may be submitted at any time.
6. The Dean's Office will reimburse the student's department/school, **up to \$200**, only for transportation, hotel, and/or registration expenses to CHHS students with approved travel requests. Funds from the Program cannot be used to reimburse for meals or incidentals. To be reimbursed for eligible expenses, **students must submit their receipts.** It is the prerogative of the student's department/school, as to whether the student will be reimbursed prior to the student submitting the required Travel Report.
7. **Obtain** your Dept. Chair's or the SON Director's approval **on page three** of this request form.
8. **NAU's Travel Policy requires** that anyone driving on NAU business (i.e. for a conference to present) must complete the NAU defensive driving course and the annual driver certification. If your grant request includes funds for mileage reimbursement for driving a personal vehicle, **you must provide** documentation that you have completed the course **prior** to the travel dates.
9. **All travel is required to follow NAU Travel Policy.** Please visit <https://in.nau.edu/comptroller/travel-welcome/> for up-to-date travel policies. Work with your department/school staff to confirm your travel is within policy.
10. **For any questions about this program, please send them to: CHHS@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., **THOMAS, L.** (Northern Arizona University), and Frank, M. (Harvard). Why NAU is the best possible place to obtain your graduate education. Poster Presentation for the American Council of Graduate Education, March 2-4, 2021 in Louisville, KY.

3. **Below**, explain in a few sentences why you should receive this grant, including the benefit that you, your academic unit (department or School of Nursing), and CHHS will gain from your presentation. (**NOTE:** This information is comparable to your "elevator speech" and it may be used to publicize your presentation.)

4. Budget Section

Complete the Budget below (fill in every box <u>even</u> if the amount is \$0) and round to nearest dollar.	
1. Travel (specify mode of travel; i.e., air, train, car, etc.): _____	\$ _____
2. Lodging:	\$ _____
3. Registration:	\$ _____
4. Other Costs (If any, attach an explanation of "Other Costs"):	\$ _____
5. TOTAL Estimated Cost of Trip: (Add Lines 1 through 4)	\$ _____
6. Contribution from School/Dept./Program (state source(s)):	\$ _____
7. Other Funding (state source(s) (Grad College, self, etc.):	\$ _____
8. Amount of budget that has not 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 program's instructions**, and that the statements and the budget above and/or attached 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 School of Nursing Director has signed below, approving the request and the budget, submit your completed request to the CHHS Dean's Office via CHHS room 118, PO Box 15015, or CHHS@nau.edu.

Department / School of Nursing (SON) Approval

By my signature below, I approve this request and verify that the presentation is related to a research project and that the budget is accurate, and acknowledge that CHHS will not reimburse any funds until the student's Travel Report has been received by the Dean's Office.

Signature, Dept. Chair or School of Nursing Director

Date

Comments from Chair/SON Director: _____

CHHS Dean's Office Use Only

Signature: _____ **Date:** _____ **Amt. Awarded: \$** _____

Date the Presentation acceptance/invitation letter was received: _____