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**Department Scholarship/Award Application**

|  |  |
| --- | --- |
| **Name of Scholarship or Award for which you are applying:** |  |
|  |
|  |
| **Name:** |  |  | **Student ID:** |  |
|  |
|  |
| **NAU Email:** |  | **Affiliation:** | Graduate Student [ ]  | Undergraduate Student [ ]  |
|  |
|  |
| **Brief Statement of Purpose for Funds:** |  |

**Please attach other application requirements as specified on the website:** <https://nau.edu/sbs/scholarships>

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Applicant Signature** |  | **Date** |

Office Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount Awarded: |  |  |  |  |
| Approved: |  |  | Date: |  |
|  | (Department Chair, Kerry F. Thompson) |  |  |  |
| TA #: |  |  | Date: |  |

**BUDGET WORKSHEET**

(to be used with research/internship and travel awards)

|  |  |
| --- | --- |
| **Name of Award for which you are applying:** |  |
|  |
|  |
| **Name:** |  | **Student ID:** |  |

**Estimated Budget: (Put N/A in Subtotal column, if prefilled item is not applicable to your application. Also, fell free to add other expenses, if applicable to the award you are applying for)**

|  |  |  |  |
| --- | --- | --- | --- |
| Expense | Price per day/item/etc. | Number | Subtotal |
| Conference Registration |  |  |  |
| Hotel |  |  |  |
| Airfare |  |  |  |
| Taxi |  |  |  |
| Shuttle |  |  |  |
| Rental Car |  |  |  |
| Miles (only for personal vehicle) | $0.445 |  |  |
|  |  |  |  |
| Other Expenses: |  |  |  |
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|  |  |  |  |
|  |  | **Total** |  |

(Attach another sheet if necessary)

**Budget Justification: (include a justification of each expense you listed in the budget above. A justification is not needed for any categories in which you do not have expenses)**

**Conference Registration:**

**Hotel:**

**Airfare:**

**Taxi:**

**Shuttle:**

**Rental Car:**

**Miles (only for personal vehicle):**

**Other Expenses:**

**For Budgets that Include Travel Only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departure date:** |  |  | **Return date:** |  |

**Are you driving a personal vehicle?**

 [ ]  No (if No, skip to next section)

 [ ]  Yes (if Yes, complete the following)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver’s License #: |  |  | State: |  |
| Have you taken the Drivers Defense Module? |  |
| Do you have a signed Annual Travel Certification on file within the Department? |  |

**Attach a List of all other funding sources for which you have applied for this period of travel:**

|  |  |  |
| --- | --- | --- |
| Source | Award Status | Amount |
|  | [ ]  Received [ ]  Rejected [ ]  Pending |  |
|  | [ ]  Received [ ]  Rejected [ ]  Pending |  |
|  | [ ]  Received [ ]  Rejected [ ]  Pending |  |
|  | [ ]  Received [ ]  Rejected [ ]  Pending |  |
|  | **Total** |  |

(Attach another sheet if necessary)