

**UNIVERSITY OF MARYLAND BALTIMORE COUNTY  
GRADUATE STUDENT ASSOCIATION  
TRAVEL GRANT APPLICATION**

<b>GSA Use Only:</b>	
2 wk deadline:	___
Transcript:	___
Application:	___
Acceptnc/Flyer:	___
C. S. (if applic):	___
Sufficient funds:	___

**All application documents must be submitted at least TWO WEEKS prior to travel.**

**PLEASE PRINT CLEARLY!!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Have you ever applied previously for a GSA Research or Travel Grant?  Yes  No

Please circle the intended degree you are currently working on:  Masters  Doctoral

Are you going to be partially reimbursed by your department?  Yes  No

Please indicate the purpose of this travel:

**Oral/Poster Presentation**

Title of Presentation: \_\_\_\_\_

Authors (In order): \_\_\_\_\_

Are you the first author?  Yes  No (we need statement from first author, unless it is your advisor)

Conference Title: \_\_\_\_\_

**Attendance**

Conference Title: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ to \_\_\_\_\_

Dates you will **travel**: \_\_\_\_\_ to \_\_\_\_\_

Conference Location (City, State/Country): \_\_\_\_\_

Departing from: (if different from city in your address): \_\_\_\_\_

Travel by:  Rental car  Private car  Plane  Train  Bus

**I have read and agree to all the policies and procedures as explained in the GSA Travel & Research Grants Policies & Procedures. I understand that upon acceptance of this grant, I will be required to provide one (1) hour of community service to GSA, my department, or the Graduate School. I understand that Accounting reserves the right to deny reimbursements for receipts submitted more than 10 business days following return from travel. I understand that I am responsible for any costs incurred if my travel grant is not approved or any expenditure that exceeds the total amount awarded.**

**I agree to all of the above conditions and terms. (Please initial): \_\_\_\_\_**

\_\_\_\_\_  
Advisor's Signature                      Date

\_\_\_\_\_  
Student's Signature                      Date

\_\_\_\_\_  
Advisor's Name (please print)

**\*\*\*PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION: (1) AN UNOFFICIAL TRANSCRIPT FOR THE SEMESTER OF YOUR TRAVEL AND (2) A BROCHURE (IF ATTENDING) OR ACCEPTANCE LETTER (IF PRESENTING).\*\*\***