## **UMassAmherst**

## School of Public Policy

## **Graduate Student Travel Grant Application Form**

| Personal Information      |                         |   |
|---------------------------|-------------------------|---|
| Name:                     | SPIRE ID#:              | _ |
| Email Address:            |                         |   |
| Home Address:             |                         |   |
|                           |                         |   |
| Phone Number:             |                         |   |
| SPP Degree                | Year in Program:        |   |
| Conference and Project I  | nformation              |   |
| Name of Conference/Mee    | ting:                   |   |
| Location:                 |                         |   |
| Dates:                    |                         |   |
| Authors as Listed on Conf | erence Program:         |   |
|                           |                         |   |
| Name of Project:          |                         |   |
| Type of Project: Paper    | Poster Panel Other:     |   |
| Was the research conducte | ed while at SPP? Yes No |   |

## Graduate School Travel Grant

| Name:   | SPIRE#:   |                            |
|---|---|----------------------------|
| Co-authors who also contributed to the  | paper and will attend or pre  | sent:                      |
| Other students from the program who we expenses will be considered in the grant   |   |                            |
| Expenses to be shared:  |   |                            |
| Itemized Expenses Before Grant or O   | ther Sources of Reimburser  | nent                       |
| 1. Transportation:  | Total Amount*   | Your Share**               |
| a) Airfare:   |   |                            |
| b) Driving: #of miles   |   |                            |
| 2. Lodging: days X \$(p   |   |                            |
| 3. Conference Registration Fee:   |   |                            |
| 4. Parking:   |   |                            |
| 5. Taxi/Shuttle/Other transportation:   |   |                            |
| Total Expenses  |   |                            |
| *Total Amount refers to the amount paid by all ** Your Share refers to the amount of shared co Total Amount.  Notes: Present receipts to SPP staff with social events, or incidental expenses suc Comments: | osts which you are responsible for<br>nin 30 days of travel. Travel<br>ch as copying. | Grants do not cover meals, |
|   |   |                            |
| Checking here certifies that the inform   | nation provided is accurate to  | the best of my knowledge.  |
| Signature:  | Date:   |                            |
| Please send this completed document along letter or email from the conference organized program containing your name) to an SPP s   | rs confirming your participation,   |                            |