APPLICATION FOR HISTORY DEPARTMENT CONFERENCE AWARD

STUDENT NAME: _____

G-YEAR: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CONFERENCE TITLE (INCLUDE URL FOR CONFERENCE IF AVAILABLE): _____

_____

CONFERENCE LOCATION (N/A if virtual): _____

LOCATION YOU WILL BE TRAVELING FROM (N/A if virtual): _____

CONFERENCE DATES: _____

WILL YOU BE PRESENTING AT THIS CONFERENCE?

___ Yes

___ No

IF YES, TITLE OF PAPER YOU WILL BE PRESENTING:_____

ESTIMATED COSTS:

Travel expenses (if applicable): _____

Lodging expenses (if applicable): _____

Registration fee(s) (if applicable): _____

HOW FAR WILL YOU BE TRAVELING?

___ Less than 3000 miles

___ More than 3000 miles

___ N/A (virtual conference)

TOTAL FUNDING AMOUNT REQUESTED: _____

DATE SUBMITTED: _____

--DEPARTMENT USE ONLY--

Approved by graduate coordinator? ___ Yes ___ No

If yes, amount approved: _____

Funding string: _____