

THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE STUDENT AFFAIRS

Application for Student Travel Fund Request

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Office/lab Ext. \_\_\_\_\_ Student ID # \_\_\_\_\_

Office held within the organization (if any) \_\_\_\_\_

Student's role at the conference (e.g. presenter, attendee, volunteer) \_\_\_\_\_

Please mail award notification and check (if applicable) to the following:

\_\_\_\_\_  
(Address) (City) (State) (Zip code)

Meeting dates \_\_\_\_\_ Destination \_\_\_\_\_

Conference/Meeting Description \_\_\_\_\_

Degree program and major \_\_\_\_\_  
(MD, MD/PhD, MPH)

Year of study \_\_\_\_\_ Expected date of degree completion \_\_\_\_\_

Current GPA \_\_\_\_\_

Travel dates \_\_\_\_\_ Transportation (mode of travel) \_\_\_\_\_

If traveling by car, list names of persons who will accompany you:

\_\_\_\_\_

Transportation cost .....	\$	_____
Ground transportation costs .....	\$	_____
Registration .....	\$	_____
Hotel .....	\$	_____
Meals .....	\$	_____
	<b>Total:</b>	<b>\$</b> _____

List sources and amounts of other funds available to supplement an award:

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

For questions: Contact Vickie Syrus, (913) 588-1483

Note: An incomplete application will not be considered.

For Office Use Only:

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Incomplete: \_\_\_\_\_

Associate Dean for Student Affairs: \_\_\_\_\_  
(Signature)