



## AGEP Travel Award National Conference Application

Submit application with original signatures only; all applications must be typed.

Name: \_\_\_\_\_ UIN: \_\_\_\_\_ Date: \_\_\_\_\_  
Last                      First                      MI

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept. /IDP: \_\_\_\_\_

**\*\*\*Reimbursement for AGEP National Conference grants will be posted to your TAMU account in the form of a scholarship. If you have a balance due, it will be deducted from that posting. Any remaining funds from the grant will then be credited to your student billing account and sent to you via direct deposit.**

**IMPORTANT: Checklist for eligibility (Please initial at each line)**

- \_\_\_ I am in good academic standing (minimum of 3.0 GPR)
- \_\_\_ I am registered full-time (min. 9 hours in fall/spring, 6 hours in summer)
- \_\_\_ I acknowledge I must be registered full-time at time of reimbursement (within 30 days of the presentation date)

**Overview:** Attach a copy of the letter of invitation to present your poster/paper; also, describe below or on a separate page (1 page max.) these two questions: (1) Why it is important for you to present at this meeting and (2) how it relates to your degree program. *(You may apply before receiving official acceptance to conference).*

Title of Paper/Abstract: \_\_\_\_\_

Society/Conference Name (no acronyms, spell out): \_\_\_\_\_

Dates of travel: \_\_\_\_\_ Location: \_\_\_\_\_

This travel is: \_\_\_ Domestic (within USA) or \_\_\_ International

**Itemized budget;** be specific on the items below.

Airfare/transportation	
Hotel/housing	
Registration fee	
Other	
<b>Total requested</b>	

**Approvals** (Signatures here verify that applicant's chair/dept. do not have funds to fully support student's request)

\_\_\_\_\_  
 Signature of Applicant Printed Name

\_\_\_\_\_  
 Signature of Committee Chair Printed Name

\_\_\_\_\_  
 Signature of Dept. Head/IDP Chair Printed Name

Other funding sources you have applied to (itemize source and amount) or anticipate receiving from your Chair/Dept.: \_\_\_\_\_

**For AGEP use only**

GPR: \_\_\_\_\_ \_\_\_ Approved Not Approved - why: \_\_\_\_\_

Full-time: \_\_\_\_\_ \_\_\_\_\_

Proposal submitted: \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_

Funds must be spent by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_