# TAMUS-CS AGEP

## AGEP Travel Award RCN 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 RCN CE³SAR 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 | |
| **Total requested** | |

**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.:

_____

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**For AGEP use only**

GPR: _____

Full-time: _____

Proposal submitted: _____

Funds must be spent by: _____

____ Approved     Not Approved - why: _____

_____

Amount Awarded $ _____

Approved by:_____Date:_____