

APPLICANT INFORMATION	
Full Name:	
Street Address:	
City ST Zip Code:	
Home Phone:	
Work Phone:	
Cell Phone:	
School Email Address:	
Personal Email Address:	
<i>You must be employed by Denton High School or Braswell High School in the Denton ISD to be eligible for travel funds</i>	
<input type="checkbox"/> Denton High School <input type="checkbox"/> Braswell High School	
Position/Title:	
TRAVEL DETAILS	
Travel Start Date:	Travel End Date:
Name of Event (No abbreviations):	
Location: (Include City, State, Zip):	
<input type="checkbox"/> Conference Brochure/Schedule Attached	
Please select the purpose of your travel:	
<input type="checkbox"/> Attend as paper, poster, panel presenter, or as performer <input type="checkbox"/> Attend as an award recipient <input type="checkbox"/> Attend as a DISD Organization Officer or Student Sponsor	<input type="checkbox"/> Other (Indicate Purpose): <input type="checkbox"/> Attend event/ conferences as general audience
List all authors/ presenters in appropriate order:	
Describe your specific role in attending this event/conference and how it will benefit Denton ISD and/or your students. Please be specific about how you plan to share with your campus colleagues the knowledge/skills you acquired:	

Expenses and Funding Sources

Please note: Awarding of funds is not guaranteed and all funding is subject to internal audit. Applicants who have not received funds in the current or prior academic year will be considered first. All travel expenses will be reimbursed up to the approved limit after travel has occurred and the award recipient provides ORIGINAL receipts. Awards are subject to modification in the event additional funding sources are provided after an award has been granted. Ten (10) awards will be given each year for up to \$1,000 each, starting September 1st until August 20th, on a first-come, first-served basis: three (3) to attend conferences and seven (7) to present.

Provide estimated EXPENSE amounts	Provide estimated FUNDING SOURCES
Airfare:	Denton ISD:
Car Rental:	School:
Hotel:	Scholarship:
Hotel Taxes:	Other:
Registration/Fees:	
Meals:	
Others:	
Total Travel Expenses:	Total Funding Sources:
Total Amount Requested:	

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Applicant Signature	Principal or Assistant Principal Signature(s)
Applicant Printed Name	Principal or Assistant Principal Printed Name(s)

For Internal Use Only: