

## The Department of Family Sciences Student Travel Application

Applications must be **typed** and **signed** (do not complete by hand). Submit applications to the Department of Family Sciences in Woodcock Hall 115. Student travel funds will be awarded twice each fall and spring semester. Summer travel applications can be submitted the following fall. Hand-written, incomplete, inaccurate, and/or applications missing required signatures will be delayed in processing, so complete application fully.

**Items marked with an asterisk (\*) are REQUIRED.**

Date \*: \_\_\_\_\_ Student ID \*:

Name \*: \_\_\_\_\_ TWU Email \*: \_\_\_\_\_

Mailing address where award letter should be mailed \*: \_\_\_\_\_

City \*: \_\_\_\_\_ State \*: \_\_\_\_\_ Zip \*: \_\_\_\_\_ Phone No \*: \_\_\_\_\_

Major: \_\_\_\_\_ Classification: \_\_\_\_\_

No. of hours enrolled \*: \_\_\_\_\_ Must explain if less than 12: \_\_\_\_\_

Select conference activity: \_\_\_\_\_

Type of conference: local  state  regional  national  international

Title of event \*:

\_\_\_\_\_

Event Location \*: \_\_\_\_\_

Describe type of presentation or activity. \_\_\_\_\_

If paper or poster presentation, give title and list all authors. Please indicate with an asterisk which of the authors will be the presenter:

Indicate if officer. Yes  No

Will the abstract or manuscript of your presentation be published in conference materials? Yes  No

Purpose of attendance and benefit to Texas Woman's University \*:

Start date of travel \*: \_\_\_\_\_ End date of travel \*: \_\_\_\_\_

Estimate of total travel costs: Registration \_\_\_\_\_ Food \_\_\_\_\_ Lodging \_\_\_\_\_

(Alcohol or other expenses will not be considered.) Travel \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

Have funds from the **TWU** Student Travel Committee been received for this academic year?

Yes  No  If so, how much? \_\_\_\_\_ When received? \_\_\_\_\_

Have funds from the **Family Sciences** Student Travel Committee been received for this academic year?

Yes  No  If so, how much? \_\_\_\_\_ When received? \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor/Sponsor Signature

\_\_\_\_\_  
Faculty Advisor/Sponsor Printed Name

\_\_\_\_\_  
Date

----- **FOR OFFICE USE ONLY** -----

Date reviewed: \_\_\_\_\_ Amount awarded: \$ \_\_\_\_\_

Approved by Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

Amount reimbursed: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Notes: