

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: