

Please complete form using computer.

STUDENT ACTIVITIES CONFERENCE FUND APPLICATION



COMPLETE FORM ON LINE, PRINT, SIGN AND SUBMIT TO STUDENT ACTIVITIES, Campus Center Room 208
Applications will not be considered if we cannot read information. **FAXES WILL NOT BE ACCEPTED. POSTMARKS WILL NOT BE HONORED. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

For additional information call (757)221-3271 or go to our web site at <http://www.wm.edu/offices/studentactivities/funding/conference.htm>

NAME (Please Print) _____ Student ID No. _____

MAIL AWARD LETTER TO: ADDRESS _____ or CSU _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ PHONE _____

WHICH **W&M DEPT** or **W&M ORGANIZATION** DOES THIS CONFERENCE PERTAIN TO _____

NAME OF CONFERENCE _____

DATES OF CONFERENCE _____ TO _____

LOCATION OF CONFERENCE _____ (CITY) _____ (STATE) _____ (COUNTRY) _____

WEB SITE ADDRESS TO VIEW CONFERENCE INFORMATION _____

The Conference Fund provides financial assistance to eligible, currently enrolled full-time graduate and undergraduate students. It attempts to reduce the individual's expenses but cannot provide full funding for conference activity. **If applying as an invited speaker please submit a copy of your letter of invitation. If applying as an accepted presenter who has submitted a paper for consideration but confirmation has not yet been received from the conference, please submit your application prior to the deadline date and forward you acceptance letter as soon as it arrives.** Consideration is only given to applications received prior to the deadline date.

ELIGIBILITY CATEGORY: (CHECK ONE)

- 1. INVITED SPEAKER (max \$400)
- 2. ACCEPTED PRESENTER (max \$300)
- 3. COLLEGE REPRESENTATIVE (max \$200)
- 4. INDIVIDUAL INTEREST (max \$100)

TRAVEL PERIOD: (CHECK ONE)

- JULY 1 - SEPT 30
- OCT 1 - DEC 31
- JAN 1 - MAR 31
- APR 1 - JUNE 30

DEADLINE TO APPLY

- June 1
- Sept 7
- Dec 3
- Mar 1

STUDENT STATUS: (CHECK ONE)

- FULL-TIME UNDERGRADUATE
- FULL-TIME GRADUATE SCHOOL OF _____ DEPT _____

ESTIMATED TOTAL EXPENSES:

REGISTRATION FEE: \$ _____ **ATTACH COPY OF REGISTRATION FORM showing the fee and dates.**

TRANSPORTATION: \$ _____ METHOD OF TRAVEL _____

LODGING: \$ _____ ACCOMMODATIONS AT _____

LIST ALL OTHER SOURCES OF FUNDING WHICH HAVE BEEN APPROVED or WHICH YOU WILL BE APPLYING FOR:

\$ _____ FROM _____ APPLIED TOWARD _____

\$ _____ FROM _____ APPLIED TOWARD _____

Will any College dept be paying or reimbursing expenses related to this conference travel. YES NO

If yes, Name of Department _____

I certify that I meet all the eligibility requirements to apply for funding according to the Student Activities Conference Funding Guidelines.

_____(Signature)_____ (Date)

PRINT FORM