**Chemistry Department**

**Travel Fellowship**

**Application Form**

The **Departmental Travel Fellowship program** provides funds for post docs, graduate and undergraduate students to support travel to national scientific meetings. There are no deadlines. However, you must submit your request a minimum of one month prior to your departure date. Applications are limited to one application per presenter per annum.

To request travel funds, you must fill out this form and a Pre-Trip Request Form (<http://www.chem.unl.edu/forms/instruct/pretrip.shtml>). Both forms must be signed by you and your adviser. The Executive Committee will review the applications. First year graduate students have already been awarded travel funds as part of their offer letter. Those funds must be used before they are eligible to apply for this program.

The faculty member is expected to match 1:1. The program will assist in funding for airfare, lodging, ground transportation, parking, and registration (allowed only if the presenter is a member of the society). Food will be at the expense of the faculty’s funding source.

Provide the following information about **YOU**:

|  |  |
| --- | --- |
| Name: |  |
| Adviser’s Name: |  |
| Currently in which semester of study? |  |
| Doctoral or Master’s program? |  |
| List of peer-reviewed UNL publications: (you may paste in a list of publications from your vitae) |  |
| Other supporting information: |  |
| By the date of your travel, will it have been more than 12 months since your last Dept. Travel Fellowship? (yes or no) |  |
| Prior Conferences and Meetings: (give names, dates, poster or lecture) |  |

Provide the following information about the **CONFERENCE OR MEETING**:

|  |  |
| --- | --- |
| Name: |  |
| Date(s): |  |
| Location: |  |
| Application deadline: |  |
| Are you a member of the society? |  |
| Poster or Lecture: |  |
| Title of Poster/Lecture: |  |

Provide the following information about the **FUNDING REQUEST**: (attach signed Pre-Trip Authorization Form)

|  |  |
| --- | --- |
| Estimated total cost of travel: |  |
| Estimated cost of meals: |  |
| Fundable Amount: (total cost – meals) |  |
| Other sources of funds: |  |

For the **ADVISER**:

|  |  |
| --- | --- |
| Do you agree to provide half of the fundable portion? |  |
| If Yes, give grant name and number: |  |

Adviser’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application form, I understand I must follow UNL travel policies (<http://bf.unl.edu/travelpolicy/> ) to be reimbursed for the expenses.

Submit a signed version of the Pre-Trip Authorization Form and this application to Kate Shaner, 546A Hamilton Hall