COLLEGE AUXILIARY SERVICES
STUDENT ACADEMIC TRAVEL GRANT
2008-09 APPLICATION
(An application should be submitted for each student)

Student Name___________________________ Local Telephone # __________________
Local Address _____________________________________________________________
Academic Major _____________________________ Class Status __________________
Sponsoring Faculty Member _________________________________________________

Name, Location, and Date of Event_____________________________________________

* Brief Description of the Event _______________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

* Nature of Your Participation in the Event? (Enclose a copy of the program or a letter
from the sponsoring organization confirming your role in the event) *use reverse side if necessary
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

* Number of Students Traveling to the Event: _____

BUDGET REQUEST

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>_____</td>
</tr>
<tr>
<td>Lodging</td>
<td>_____</td>
</tr>
<tr>
<td>Food</td>
<td>_____</td>
</tr>
<tr>
<td>Registration</td>
<td>_____</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>_____</td>
</tr>
<tr>
<td>TOTAL</td>
<td>_____</td>
</tr>
</tbody>
</table>

Are you receiving funding from other sources?_____ If yes, from whom and how much?
_________________________________________________________________________

Signature of Student Applicant _______________________________________________

Signature of Faculty Sponsor _________________________________________________

RETURN COMPLETED FORM TO:
DR. PATRICIA HIGGINS, PROVOSTS OFFICE, KEHOE 202