**Student Travel to Professional Conferences and Workshops Application**

**College of Science and Mathematics (CoSM) STEM Education Fund**

Each year approximately $5,000 will be available through CoSM’s STEM Education Fund to help support students to present at professional conferences or attend professional workshops.

Funding is available for two categories of students:

1. Students who are presenting their research or other scholarly endeavors at conferences
2. Students who have been chosen through a competitive application process to attend a workshop that is designed to teach skills to prepare them for success in graduate school and a career in research in their major career field

Students who fall within these two categories may apply for up to $500 to help offset the cost of travel. For presentation at conferences, travel funds are limited to the presenting student author. Students who are not the presenting author, but are attending a conference are not eligible for travel funding. Only one student presenter will be funded for a presentation.

To receive this award, students must be in programs within the College of Science and Mathematics and have a research mentor who is also in the College. Students are limited to four awards from this program during the duration of their undergraduate career. Graduate students are eligible to apply if no funding is available from the Graduate School.

**Application Process**

Students submit a hard copy of the following documentation to the Dean’s Office (Bailey Science Center, room 1036). Applications submitted less than 30 days prior to the travel date will not be reviewed. Incomplete applications or applications that are submitted using an outdated form will not be reviewed.

Required documents:

* The following application with signatures *(Do not submit instructions with your application)*
* A copy of the acceptance letter or email that includes the email address of the conference organizer.

The Dean’s Office may reach out to the student and the faculty mentor if there are any questions about the submitted application. Travel awards are granted on a rolling basis until funds are exhausted, so students are encouraged to apply as soon as possible. Students will be notified of an award usually within a week of receiving the completed application.

**While there are no due dates, we will stop accepting applications on March 4, 2024 or when available funds have been used.**

**Funding Sources**

In addition to this award, students are expected to apply for funding from other sources. The SGA offers individual awards up to $300 (<https://www.valdosta.edu/student/safac/student-government-association-blazer-allocation-committee-small-allocation.php>). Other sources may include faculty mentor’s grants, Department, Honors College, Graduate School. The student or the student’s faculty mentor must notify Stephanie Pierce in the Dean’s office ([stepierce@valdosta.edu](mailto:stepierce@valdosta.edu)) if additional funding is received after this application is submitted and prior to student travel.

**Funding and Reimbursement**

Within 30 days after travel is completed, the request for reimbursement must be submitted to the CoSM Dean’s Office (Bailey Science Center, room 1036); contact Stephanie Pierce with any questions regarding reimbursement process. It is the student’s responsibility to save all necessary receipts.

Hotel:Students who are in the same major/program are expected to share hotel rooms with other same-gender VSU students who are attending the same conference or workshop. The dean’s office will communicate with students and their faculty mentors when opportunities for room-sharing are present, but not included in the budget. The funded amount may be reduced when multiple students are attending the same meeting, but hotel rooms are not being shared.

Meals: Do not request meals if they are provided by the conference. Reimbursement for meals does not require receipts because you use the current per diem rates.

Registration Fee: CoSM will only cover the ‘early’ registration fee.

Acknowledgement: Students are expected to acknowledge the College of Science & Mathematics for financial support in their presentation.

University Policy: It is the student’s responsibility to follow all university procedures (<https://www.valdosta.edu/administration/finance-admin/financial-services/travel/>) including submitting a travel authorization form. For travel to meetings within the state of Georgia, tax exemption forms (<https://www.valdosta.edu/administration/finance-admin/financial-services/forms/>) should be given to the hotel upon check-in. Failure to follow university procedures may slow down (or prevent) reimbursement of expenses. Talk with your faculty mentor if you have any questions.

**Student Travel to Professional Conferences and Workshops Application**

**College of Science and Mathematics STEM Education Fund AY2023-2024**

**I. STUDENT INFORMATION**

**Name:** Click here to enter your name

**Student ID Number:** Click here to enter your 870 number

**Email:** Click here to enter your email address

**Mailing Address:** Click here to enter your address

**Phone:** Click here to enter your phone number

**II. FACULTY MENTOR INFORMATION**

**Faculty Advisor/Mentor:** Click here to enter your faculty advisor

**Email Address of Faculty Mentor:** Click here to enter email address

**III. CONFERENCE OR WORKSHOP INFORMATION**

**A. Conference or Workshop Name:** Click here to enter the conference name

**Conference Webpage Address:** Click here to enter the webpage address

**Conference or Workshop Location:** Click here to enter the city, state (city, country, if international)

**Conference or Workshop Dates:** Click here to enter the dates

**Dates of Travel:** Click here to enter the dates

**If an Author on a Presentation, Type of Presentation:** Choose the type of presentation

If you chose “Other” please describe: Click to enter text

If you chose “Not Applicable” because you are attending a workshop that does not involve a presentation, please attach a copy of the acceptance letter or email and provide the webpage for the workshop that includes details of the workshop: Click to enter webpage address

**Presentation Title:** Click here to enter the title of your presentation

Attach a copy of the acceptance letter or email to this application.

**Authors and Affiliations:** List the authors and their affiliations (Department, University). Underline the name of the presenter; identify undergraduate students with an asterisk (\*); identify graduate students with a double asterisk (\*\*).

Click here to list all of the authors and their affiliations who are authors on the abstract

**Check the box to acknowledge that you are the presenting author for a poster or oral presentation.**

**Abstract:** Click here to enter a copy of your abstract

**If funding is approved, will you allow publication of your abstract and your photo from the event?** Yes  No  (Please remember to take your photo at the event)

**Are you attending with other VSU students?** Yes  No

If yes, please provide the names of the other VSU students, and put as asterisk (\*) next to the names of other students who are also presenting at the same conference.

Click here to enter the names of the VSU students

**IV. FUNDING JUSTIFICATION**

**Describe your contribution to the research. If you are not attending a research conference put “Not applicable.”** (200 words maximum)

Click here to enter text

**Please describe how attending the conference or workshop is beneficial to you.** (200 words maximum)

Click here to enter text

**V. ESTIMATED EXPENSES.** See: <https://www.valdosta.edu/administration/finance-admin/financial-services/travel/> for policy.

**Transportation Cost:**

Air: Click here to enter cost

Personal Car: Click here to enter cost

Automobile Rental: Click here to enter cost

Other Transportation Cost(s): Click here to enter the description and the amount(s)

**Conference or Workshop Registration Fees** (CoSM will reimburse the cost for the ‘early’ registration fee)

Early Registration Fee: Click here to enter cost

**Hotel:** Students are expected to share hotel rooms with other same-gender VSU students who are attending the same conference or workshop; exceptions to this must be approved in advance.

Nights Click here to enter number of nights

Cost per night Click here to enter cost

Check this box if you are the only student within your department at VSU who will be attending this conference or workshop.

Check this box if the cost per night reflects a split cost because you are sharing the hotel room with another individual. Note: If you are sharing a room with another attendee and splitting cost, your receipt from the hotel must have your name on it for the amount you paid. If the other attendee is paying the full amount, you cannot request funding to cover hotel costs.

Check this box if you are sharing the hotel room with another VSU student who is presenting at a meeting.

**Meals (use current per diem rates):** Do not request meals if they are provided by the conference. Reimbursement for meals does not require receipts.

**Meals provided by the conference:** Click here to list the meals provided by the conference (these are usually listed in the conference program

Check this box if no meals are provided

**Per diem request for first and last day of travel:** Click here to enter per diem cost

**Per diem request for other days of conference:** Click here to enter per diem cost

**Additional Costs of Travel:** Costs associated with presentation materials (e.g., poster printing or shipping) will not be covered.

Click here to enter description(s) and cost(s)

***Total Cost of Trip:*** Click here to enter total cost of trip

***Amount Requested from CoSM:*** Click here to enter the amount you are requesting

**VI. Funds RECEIVED and/or Requested from Other Sources**

**Fill in the Table Below.** If a category is not applicable or unavailable, use N/A. If you have requested funding, but have not received a decision, put “pending” under amount received.

|  |  |  |
| --- | --- | --- |
| **FACULTY MENTOR SUPPORT** | | |
| **Grant Funding Organization or Other Source(s) from Faculty Mentor** | **Amount Requested** | **Amount Received** |
|  |  |  |
|  |  |  |
| **DEPARTMENTAL SUPPORT** | | |
| **Department** | **Amount Requested** | **Amount Received** |
|  |  |  |
|  |  |  |
| **PROFESSIONAL ORGANIZATION SUPPORT** | | |
| **Organization Name (do not use abbreviations)** | **Amount Requested** | **Amount Received** |
|  |  |  |
|  |  |  |
| **VSU STUDENT GOVERNMENT ASSOCIATION SUPPORT** | | |
| **Student Government Association** | **Amount Requested** | **Amount Received** |
| Individual Award Request (<https://www.valdosta.edu/student/safac/student-government-association-blazer-allocation-committee-small-allocation.php>). If you have already received your allocation from the SGA for the current academic year (AY23-24) to attend another meeting, please check this box |  |  |
| **OTHER SUPPORT NOT INCLUDED IN PREVIOUS CATEGORIES** | | |
| **Other Source(s) of Support (internal or external to VSU)** | **Amount Requested** | **Amount Received** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL FUNDS REQUESTED/RECEIVED FROM OTHER SOURCES** |  |  |

**VII. Previous Funding Received**

Have you previously received travel funds to attend meetings from CoSM? Yes  No

If you answered ‘yes’, please list the years you received funding and the amounts.

Click here to enter text.

**VIII. SignatureS**

By signing and submitting the application, you are declaring that the information in this application is true, you agree to acknowledge the College of Science and Mathematics for funding support in poster and oral presentations, and upon return you will submit all necessary paperwork and receipts for reimbursement within 30 days of returning from the meeting.

Student Signature Date

**Support Signatures**

By signing the application, you are approving the student’s application and agree to assist the student to clarify policy and procedure, as needed. You also agree to assist the student in determining if there are other VSU students within your department who will be attending the same conference to reduce hotel and travel costs, where appropriate.

Faculty Mentor Signature Date

By signing the application, you are approving the student’s application and agree to assist the student to clarify policy and procedure, as needed.

Department Head Signature Date

**IX. Funding Decision (To be filled out by Dean’s Office)**

Date Amount Awarded