

Student Travel Grant Cover Sheet

Name of Applicant: _____ UIN: _____

Email: _____ Phone: _____

Degree Currently Seeking: _____ Dept: _____

Faculty Advisor: _____

Faculty Advisor Email: _____

Grant Tier:

___ Educational Travel Grant

___ Competitive Presentation Grant

___ Collaborative Presentation Grant

Have you received this grant in the past? Yes No

If "Yes" please provide date and amount awarded: _____

Name of Workshop/Conference/Venue: _____

Title of Presentation (if applicable): _____

Location: _____ Dates of Travel: _____

Amount Requested: \$ _____

Student Signature

Date

Faculty Advisor Signature

Date

Department Head Signature

Date

Submit completed application (Cover Sheet, Project Description, Letter of Support, Involvement with AVPA and Budget) electronically as a PDF to the AVPA Program Coordinator (avpa@tamu.edu).