University of Central Missouri

Undergraduate Scholars Travel Grant Application Form

*Attach a 500 word description of your research/creative project to this coversheet. *An Undergraduate Scholars Travel Grant Budget and Justification Form also must be completed and submitted with your application. *Please include documentation of invitation to participate. *Type all information and submit a hard copy to the Coordinator of Undergraduate Research, WDE 1900.

Name: Mr. Ms.	⁷ irst	MI			Last	
Student # 7	Email					
Address	Ci	ty		State	_ Zip	
Telephone #	Graduatio	n Semester			_ Year	
Major(s)		Minor(s)				
Faculty Sponsor Title First Na	me		Last Nai	ne		
Faculty Sponsor Department			Campus	_ Campus Address		
Faculty Sponsor Email			Phone	_ Phone		
Paper, Presentation, or Exhibition Title	2					
Date(s) of Travel	Co	onference Locatio	on			
Conference Title						
Total Amount of Funds Requested		Date Fund	ing Needed _			
Student Signature	ident Signature			Date		
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Faculty Sponsor			_ Date			
Coordinator of UR			Date			
Amount Approved	Amount Denied_		FY	_ Budget	Request #	
Vice Provost for AP&S			Date			