

**UCARE Travel Fund Application**

Student Name: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Title of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_ Location of Conference: \_\_\_\_\_

Conference Website: \_\_\_\_\_

Will anyone be attending with you?  Yes  No

Name of person attending with you: \_\_\_\_\_

Will you be presenting at the conference?  Yes  No

If "Yes", please provide the title of your presentation \_\_\_\_\_

Will you receive funding to attend this conference from any other source?  Yes  No

If "Yes", how much: \$ \_\_\_\_\_

**Estimated Expenses:**

Expense	Estimated Cost	Details
Registration		
Transportation		
Lodging		
Meals		
Taxis, Fares		
Mileage		
Airport Parking		
Other		
Total		

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Mentor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Submit completed from to: UCARE Office, 1100 Seaton Hall*

**FOR UCARE OFFICE USE ONLY**

Is this request approved?  Yes  No

If No, what is the reason for denial? \_\_\_\_\_

**UCARE Office Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_