Date Received_____

# Graduate Student Travel Award Application

## Guidelines

1. Travel support may be allocated once per fiscal year (July through June) per individual. These funds are provided by UC Davis Air Quality Research Center and the California Air Resources Board.
2. Requests must be received at least 45 days prior to the conference start in order to be considered. Late applications are given lower priority.
3. Travel Award request forms must be accompanied by the following:
   a. Documentation of enrollment in a university with a thesis related to the conference topics.
   b. Budget (see worksheet on the next page).
4. Submit completed forms to <airqualityevents@ucdavis.edu>
5. Upon completion of attendance, student must provide receipts for pre-approved expense reimbursements.
6. Questions regarding travel award should be directed to <airqualityevents@ucdavis.edu>

## Application Information

Last Name: _____ First Name: _____

University: _____ Graduation Date: _____

Major: _____

Thesis Title: _____

Email Address: _____ Phone Number: _____

Faculty Mentor's Name: _____ Department: _____

Faculty Mentor's Email: _____

Conference Name: _____ Year: _____

Dates Attending _____

**Proposed Budget**

| | Total Cost | Reimbursement Amount Requested |
|---|---|---|
| Conference Registration | | |
| Lodging ($_____ per night x _____ nights) | | |
| Airfare | | |
| Ground Transportation | | |
| - Rental Car ($_____) & Gas ($_____) | | |
| - Ground Transportation ($_____) | | |
| - Mileage for personal vehicle (_____miles x $0.54/mile) | | |
| Other (Please specify): | | |
| **Proposed Total** | | |

Please indicate the amount of other sources of proposed/confirmed funding you may be awarded for each category.

$_____ Student Government Association

$_____ College or Department

$_____ Grant Money

$_____ Other (Please Specify) _____

$_____ Total Amount of other funding

**Applicant Statement (Initial each statement)**

_____ I Understand that the total funding received from all sources may not exceed my total expenses for travel.

Applicant Signature: _____ Date: _____

| Committee Action: _____ Date: _____ |
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