

Graduate Student Affairs Committee

Conference Funding Application

Application MUST be submitted eight (8) weeks prior to conference start date

Name: _____ SCSU ID#: _____ Date: _____

Department: _____ Expected Degree: _____

Registration Status (*check one*): Full time ☐ Part time ☐

Anticipated graduation date: _____
(month) (year)

Local Address: _____ Permanent Address: _____

Day Phone #: (____) _____ Evening Phone #: (____) _____

Have you previously been approved for GSAC funding? Yes ☐ No ☐

If yes, when and how much? _____

Name of Conference: _____

Conference Dates: _____ Total Amount Requested: \$ _____

Are you attending the conference with faculty? _____, Other students? _____

Have you applied for or received any other aid or award for this conference (*check one*)? Yes ☐ No ☐

If yes, list amount(s) and source(s):

Amount	Source	Check One
\$ _____	_____	Pending <input type="checkbox"/> Received <input type="checkbox"/> Denied <input type="checkbox"/>
\$ _____	_____	Pending <input type="checkbox"/> Received <input type="checkbox"/> Denied <input type="checkbox"/>

Nature of participation (*check one*): Presenting ☐ Attending ☐

To be considered for Conference Funding, applications MUST include:

1. Copy of conference brochure and registration material.
2. Written proposal including the relevance of the conference to your field of study or teaching.
3. A line budget of anticipated expenses.
4. Total amount being requested.
5. A letter of invitation or equivalent if applicant is presenting a paper or participating in a conference session.

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I acknowledge that the information provided in the Conference Funding Application and attached documentation is correct.

Student's Signature _____ **Date** _____

I acknowledge that this student will be attending an academic conference in his/her field. I also acknowledge he or she is a matriculated student in good academic standing.

Department Chair's/Advisor' Signature _____ **Date** _____

I acknowledge that this student will give a presentation to his/her class upon returning from their conference.

Professor's Signature _____ **Date** _____

Please Submit All Application Materials To:

Daphney Alston
GSAC Coordinator
deanofstudents@southernct.edu
501 Crescent Street, EN A106
New Haven, CT 06515

Should you be approved for Graduate Student Affairs Committee Conference Funding, you must follow the reimbursement process outlined below.

Prior to traveling:

Complete a Travel Authorization [form](#) (**MUST be submitted at least three weeks prior to travel**)

- a. Once filled out and signed by traveler send it to deanofstudents@southernct.edu for signature(s).
 - i. Please leave the Index/Account section blank as we will fill that information in upon receipt.
- b. If using personal vehicle as transportation to conference you must include a copy of your vehicles insurance declaration page & include a list of additional riders if traveling with others.

Upon completion of conference travels:

1. Submit all original receipts for expenses to deanofstudents@southernct.edu **within 30 days of the end of the conference.**
2. If you are an employee of Southern (Grad assistant, Grad Intern, Student Worker, etc.) you must complete and sign a CO-17XP reimbursement [form](#) and send it to deanofstudents@southernct.edu for official signatures **within 30 days of the end of the conference.**