

Medaille College
Category I: Faculty Travel Awards Application

Funds in Category 1 support full-time faculty travel to professional meetings as presenters or participants. Faculty who are traveling in their role as officers in a higher education organization may also apply in this category.

Each faculty member is eligible to apply for one award per academic year from Faculty Development. (Maximum of \$1500 for domestic travel and \$2500 for international travel prior to April 1st) If funds remain, faculty members can apply for a second award after the April 1st deadline. In addition, all faculty members who receive funding must present at the Faculty Development Fair.

Please consult the Faculty Travel Awards Criteria Worksheet to assist you in completing this application.

Name: _____

Department: _____

Conference/Meeting: _____

Location: _____

Dates: _____

1. Did you submit a paper to be presented at the conference/meeting?

_____ Yes
_____ No

If yes, what is the title and abstract of the paper?

Title: _____

Abstract:

2. Have you received notification that your paper is accepted to be presented.

_____ Yes
_____ No

(If yes, please submit letter of acceptance.)

3. How will this conference/meeting fit into the framework of your department's guidelines for scholarship and professional development?

4. Clearly state what prospective benefits are to be gained from attending this conference/meeting. Please be sure to include how the benefits contribute to pedagogy, curriculum and knowledge in your field. Use reverse side or additional sheet(s) as needed.

5. Are you receiving any other (compensation, funding, publicity, etc.) from outside sources to attend this conference/meeting?

_____ Yes
_____ No

If yes, what additional support are you receiving?

6. Please share any additional considerations or comments that you may have.

6. Please indicate the overall costs associated with your attendance (as applicable):

Transportation:

Airfare \$ _____

Car (_____ miles @ _____)** \$ _____

**Refer to the Business Office Mileage Reimbursement Form

Other (specify) \$ _____

Lodging and Meals

Hotel (#nights _____ @ _____) \$ _____

Meals (\$50 max. per day) \$ _____

Registration

Other costs (please list) \$ _____

_____ \$ _____

_____ \$ _____

TOTAL AMOUNT OF TRIP: \$ _____

TOTAL AMOUNT REQUESTED: \$ _____