



School of Education

Conference Presentation Stipend Application Form

First Name: _____ Last Name: _____

Student ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Doctoral Student Master's Student

SOE Department:

- Counseling Psychology Leadership Studies Teacher Education
 International & Multicultural Education Learning & Instruction

SOE Program: _____

Name of Sponsoring Organization: _____

Name of Conference: _____

Location of Conference: _____ Date of Conference: _____

Title of Your Presentation: _____

Amount Requested:

- Travel: \$ _____ Registration: \$ _____
 Accommodation: \$ _____ Duplicating/Printing: \$ _____

Please note that you will need to submit original receipts immediately after the conference.

Are you receiving any additional funding for this conference presentation? If so, please specify:

- Source: _____
• Amount: \$ _____

Please provide the following documents:

- Completed SOE Conference Presentation Stipend Application Form
 Copy of the conference acceptance letter
 Copy of the proposal you submitted to the conference organization

Signature: _____ Date: _____

For Department use only.

Approval: Yes No
Name/Title: _____ Date: _____

Please submit all required application documents, in ONE packet, to your Department Program Assistant. Department Chairpersons will notify applicants within 30 days to let them know if their application has been accepted or not.