

GA Conference Grant Application

Applicant Information:

GA Applicant: _____ Student ID#: _____

Email: _____ Appointment Type: _____
(Research GA's are not eligible for this grant)

Expected Graduation Semester: _____ Year: _____

Have you previously received a GA Conference Grant? _____

If yes, semester and year of award: _____ amount received: _____

Academic Program: _____

GA Department: _____

Conference Information:

Conference Name (No Acronyms): _____

Conference Date(s): _____ Location: _____

Required Signatures:

Applicant:

I have read the grant guidelines and confirm that this application complies with all requirements.

Name: _____ Signature: _____ Date: _____

Department Chair or Supervisor:

I have read the grant guidelines and confirm that this application complies with all requirements.

Name: _____ Signature: _____ Date: _____

Graduate Studies:

Name: _____ Signature: _____ Date: _____

OFFICE OF GRADUATE STUDIES