

**STUDENT SUPPLEMENTAL TRAVEL FUND**

**ATTACHMENT #2**

**CHECKLIST**

This form is to be completed by SSTF Subcommittee

Request from: \_\_\_\_\_

Check the box beside each of the criteria for funding. Then indicate whether the applicant is eligible for funding and the amount to be provided.

What type of conference or convention is to be attended?	
<input type="checkbox"/>	National/International
<input type="checkbox"/>	Regional
<input type="checkbox"/>	State or local
What type of presentation will be delivered?	
<input type="checkbox"/>	Presenter (poster, paper, symposium, round table, creative activity)
<input type="checkbox"/>	Adjudicator of creative activity
<input type="checkbox"/>	Symposium/Research discussant
<input type="checkbox"/>	Other:
Requirements	
<input type="checkbox"/>	Student Supplemental Travel Fund Application
<input type="checkbox"/>	Location $\geq$ 100 miles from Nacogdoches
<input type="checkbox"/>	Submit applicable information from the following section...
<input type="checkbox"/>	a Notification of Acceptance from sponsoring organization and materials (e.g. proposal abstract) submitted for acceptance
<input type="checkbox"/>	b. Notification of award from the sponsoring organization
<input type="checkbox"/>	c. Documentation of office held, meeting or competition schedule
<input type="checkbox"/>	d. Invitation or selection notification to attend conference
<input type="checkbox"/>	Letter of Support prepared by a faculty member – letter of support includes the following...
<input type="checkbox"/>	a. GPA: Undergraduate > 2.5 or Graduate >3.0
<input type="checkbox"/>	b. Student is in good standing in the academic program
<input type="checkbox"/>	c. Currently enrolled or presenting work completed at SFASU within last year?
<input type="checkbox"/>	Travel request form – signed by Chair/Director
<input type="checkbox"/>	Itemized list of anticipated travel expenditures if necessary
<input type="checkbox"/>	

The Student Supplemental Travel Fund will cover up to a maximum of \$500.

Recommended for funding:    \_\_\_Yes \_\_\_No

In the amount of \_\_\_\_\_

If NO (explanation) \_\_\_\_\_

Faculty Development Subcommittee review date: \_\_\_\_\_

Dean of College of Education review date: \_\_\_\_\_

Amount of funding approved by the Dean of the College of Education: \$\_\_\_\_\_

Date applicant notified of funding approval: \_\_\_\_\_

Date the Thank You letter sent/received: \_\_\_\_\_