FUNDING APPLICATION FORM

1. Faculty Name:
2. Rank:
3. Department:
4. Faculty Email Address: Extension:
5. Name of event and sponsoring organization:
   a. Dates:
   b. Location:
   c. Expected Size of Conference:
   d. Expected Size of Audience:
   e. Level of Activity (Regional, National, International):
6. Last trip supported by James I. Perkins Professional Development Fund:
   a. Date:
7. Type of Presentation(s) (circle all that apply and/or specify if other):
   a. Presenter (i.e., poster, paper, symposium, round table, creative activity)
   b. Adjudicator of Creative Activity
   c. Symposium/Research Discussant
   d. Other, please specify:
8. Estimated total cost of proposed trip (completed and signed travel request must be included with application):
9. List other sources of financial support for this trip (e.g., department account, grant or extramural funding, faculty member):

Source: Amount: $
Source: Amount: $
Total: $

Signature of Faculty Member ________________________________
Signature of Department Chair ________________________________

Revised: 5/5/11