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**Project Dissemination Travel Grant Application**

This award is intended to support Rho Chapter members' travel expenses to attend conferences where they are presenting their scholarly work. Awards up to $500 per member per year may be available.

**Name**

**Address**

**Email**

**Phone (mobile) Phone (work)**

**Position**

**(If student) Program & Expected graduation date:**

**Amount requested**

**Have you previously applied for a Travel Grant?**

**If yes, were you funded? For what amount?**

**Title of Presentation**

**Date**

**Type of Presentation (poster, podium, panel, symposium)**

**Name of Conference**

**Conference Sponsor**

**Co-presenters (if any)**

**List your conference expenses (if expense is not applicable, list amount as $0)**

|  |  |  |
| --- | --- | --- |
| **Conference Registration Fee** | **Transportation Expense** | **Hotel Expense** |
|  |  |  |

**Have you received funds from other sources to support your travel?**

**(If yes, please list source of funds and amount received)**

***Please attach a copy of your acceptance to this application.***

***Fill out the grant agreement on page 2.***

**GRANT AGREEMENT:**

*Please initial statements #1 , #2, #3 below and add signature and date.*

1. \_\_\_\_ The information included in this application is correct to the best of my knowledge

2.\_\_\_\_ If I am approved for an award , I understand that I must submit a proof of attendance and a one paragraph summary of the conference to the Rho Treasurer to receive reimbursement. The Treasurer will reimburse expenses after receipt of proof of attendance and presentation summary is received.

3. \_\_\_\_I agree that my presentation summary may be published in the Rho Chapter newsletter.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send completed application to Rho Chapter Administrative Assistant, Mary DeBardeleben***

*By mail:*

Mary DeBardeleben

University of Michigan Health System

Professional Development & Education

300 N. Ingalls – Suite 6B12

Ann Arbor, MI 48109-5436

*Or by email:* marydp@med.umich.edu

**For Internal Use**

Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review by Rho Chapter Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date proof of attendance and presentation summary received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reimbursement by Rho Chapter Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_