



SEERS STUDENT TRAVEL GRANT APPLICATION FORM

NAME			
ADDRESS			
CELL NUMBER		WORK NUMBER	
EMAIL			
ARE YOU CURRENTLY A SEERS MEMBER IN GOOD STANDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WHEN DID YOU JOIN SEERS? (YEAR, YYYY)			
HAVE YOU EVER RECEIVED A SEERS TRAVEL GRANT BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, WHEN?	
ARE YOU CURRENTLY ENROLLED IN A COLLEGE OR UNIVERSITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF ACADEMIC INSTITUTION			
TITLE OF ABSTRACT			
ATTACH ABSTRACT AS A SEPARATE DOCUMENT. ABSTRACT MUST INCLUDE THE TITLE OF YOUR PRESENTATION AND YOUR FULL NAME AT THE TOP OF THE DOCUMENT.			

ADVISOR'S PRINTED NAME AND DATE AND SIGNATURE*

PRINTED NAME

POSITION

SIGNATURE

DATE

*IF ADVISOR IS NOT AVAILABLE, OBTAIN A SIGNATURE FROM ANOTHER UNIVERSITY OFFICIAL WHO CAN VERIFY THAT YOU ARE CURRENTLY A STUDENT IN GOOD STANDING.



STATEMENT OF FINANCIAL NEED

<i>AMOUNTS CAN BE APPROXIMATE</i>	BUDGET ESTIMATE	AMOUNT PAID BY OTHER SOURCES
SEERS REGISTRATION		
AIR TRAVEL		
DRIVING (TO MEETING + LOCAL)		
LODGING		
MEALS		
INCIDENTALS (PARKING, ETC.)		
TOTAL		
LIST OTHER FUNDING SOURCES		
<p>WRITE A PARAGRAPH OR TWO IN THE SPACE BELOW DESCRIBING, IN YOUR OWN WORDS, THE PARTICULAR IMPORTANCE AND NECESSITY FOR YOU OF OBTAINING A SEERS TRAVEL GRANT (KEEP THIS FORM TO ONE PAGE).</p>		