

Send this completed and signed form by mail to:
UC LMRI ~ 4722 South Hall ~ University of California ~ Santa Barbara, CA 93106-3220

UNIVERSITY OF CALIFORNIA
LINGUISTIC MINORITY RESEARCH INSTITUTE
GRADUATE STUDENT CONFERENCE TRAVEL GRANT APPLICATION FORM

Student Name: _____ Campus: _____

Program: Ph.D. Ed.D. M.A.

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Chair, Dissertation Committee or Faculty Advisor: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Conference Title: _____

Conference Sponsoring Organization(s): _____

Conference Location: _____ Conference Date(s): _____

Presentation Title: _____

Presentation Date and Time: _____

Please provide *estimates* for the following travel expenses:

Transportation \$ _____

Lodging \$ _____

Meals & Incidentals \$ _____

Estimate of Total Travel Expenses \$ _____

Transportation Type: Air Private Vehicle Rental Vehicle Rail Other _____

Lodging/Hotel: Yes No

If Yes, hotel name: _____ and duration of stay: _____

Reimbursement and Payment Request (*choose one*):

Transfer of Funds to UC Account #: _____

– OR –

Request for Travel Reimbursement

(*Note: Request for Travel Reimbursement Form and all original receipts must be submitted to UC LMRI within 10 days of conference*)

UC Administrative Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

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This application form is one of four documents required to complete the Travel Grant Application Packet. The Application Packet is not considered complete without the following three additional documents, which may be submitted together with this form by mail, or separately via email (to: grants@lmri.ucsb.edu):

PRINTED OR TYPED DOCUMENTS ONLY; HANDWRITTEN VERSIONS NOT ACCEPTED

- Abstract of Presentation
- Travel Budget
- Evidence of Conference Participation (*formal acceptance letter and/or copy of conference schedule or program listing the student's presentation*)

Student's Statement:

I understand and agree to the following:

If awarded a UC LMRI Graduate Student Conference Travel Grant:

I will acknowledge my acceptance or refusal of the UC LMRI Travel Grant to the UC LMRI office by phone or email within one week of notification.

I will submit an **electronic copy of the conference paper** acknowledging UC LMRI's support, and the **Consent to Publish Form** within 10 days following the conference.

Additionally, if the Travel Reimbursement payment option was selected, a completed, signed **Request for Travel Reimbursement Form** and all original receipts will be submitted to UC LMRI by mail within 10 days following the conference.

I understand that this award may be rescinded at the discretion of the UC LMRI Director if the conference is cancelled for any reason; if the conference presentation is not completed for any reason; and/or if the required deliverables are not received within the stated time frames.

Signature: _____

Date: _____