APPLICATION FORM FOR STUDENT TRAVEL FUNDS

Name:	Student A Number:
Major:	
Local Mailing Address:	
Local or Cell Phone Number:	Email Address:
Name of Faculty/Staff Member you are traveling with:	
Faculty/Staff Member's Department:	
Dates of Travel:	
Name of the conference/workshop/event you will be attending a	and the organization that is sponsoring it:
Submit a conference/workshop/seminar brochure and schedule	9 .
Briefly (1-2 paragraphs) describe how your participation in the conference/workshop/event will contribute to you success as a student at SUNY Oneonta.	
Briefly (1-2 paragraphs) describe your plan to share the know the campus community after your travel is completed. Include in which you will present that knowledge/experience.	
Please provide a statement of support for your application from	the faculty/staff who will travel with you.
BUDGET Conference Registration Fee:	\$
Transportation (e.g., airfare, bus or train fare)	\$
Hotel or other lodging	\$
Meals (meals for days)	\$
Other Costs (please specify):	\$
Estimated total cost of attending the conference/event:	\$
Total that you are requesting from this program:	\$
Sources of Other Funds for Travel:	\$
Please note: By submitting this application, you give permiss	sion for the Office of the Registrar and the Office of

Please note: By submitting this application, you give permission for the Office of the Registrar and the Office of Judicial Affairs to release information about your academic and judicial history to the review committee for the purpose of evaluating your application.

You must also complete and submit the SUNY " **Assumption of Risk and Release of Claims Form**," which is available online at Hard copies of all completed forms should be submitted to the Office of Student Development, 119 Netzer.

If you need additional information, please contact Ann Pasternak in the Office of Student Development at 436-2513.