



APPLICATION FORM

SPECIAL FOREIGN TRAVEL FUND AWARD

(For transportation expenses only)

TENURE SYSTEM (circle one): Yes No

1. Applicant Name: _____

Z-PID or Social Security Number: _____ *(for internal purposes only)*

Position/Title: _____ Email address: _____

Department/School: _____ Phone Number _____

College: _____

Campus Address: _____

2. Name of Meeting and Sponsoring Organization: _____

Location of Meeting: _____

**List sources of support
(FOR AIRFARE ONLY)**

Dates of Meeting: _____

<u>Source</u>	<u>Amount</u>
Dept _____	_____
College _____	_____
Grants _____	_____

Total: _____ *(this amount should equal amount requested from SFTF)*

Lowest estimated **round-trip, tourist class air-fare** between Lansing and the international airport nearest the site of the meeting.

\$ _____

(Airfare only)

Amount Requested From SFTF: _____

3. Signatures of both chair and dean. Please also have dean and/or chair initial the box if their office is providing funding.

Chair's Name: _____ Signature: _____ Date: _____
(please type)

Dean's Name: _____ Signature: _____ Date: _____
(please type)

4. Please list all extramural grants/contracts applicant presently directs:

Source	Years in Effect	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Foreign Travel Funds may **only** be used for **the airfare portion** of your trip. SFTF does not cover hotel, meals, registration fees, etc. Matching funds from department or college must match airfare costs only.

OVER-->

5. Please check below the nature of your participation at the proposed meeting (check all that apply).

High Officer of Organization _____	Keynote speaker _____	Panel organizer _____
Plenary paper _____	Invited paper _____	Panel participant _____
Competitive paper _____	Panel reactor _____	Other _____

6. Please provide any additional information you feel is relevant about the nature of your participation at the proposed meeting:

7. What is your relationship to the organization(s) sponsoring the meeting?

8. Will there be any proceedings or other published outcome? NO _____ YES _____
If YES, please describe:

9. Have you received a SFTF grant in the past? NO _____ YES _____
If YES, when? _____

10. Have you attended an international meeting, congress, or conference in the past two years? NO _____ YES _____
If YES, please provide dates, places, and sources of support:

<u>DATE</u>	<u>PLACE</u>	<u>Sources of Support</u> (Circle all that apply)			
_____	_____	grants	department	college	personal
_____	_____	grants	department	college	personal
_____	_____	grants	department	college	personal

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE REMEMBER TO: Submit original application to Kathy Riel, Office of the Dean of International Studies and Programs, 209 International Center, by the appropriate deadline, along with supporting signatures and an invitation to the conference/congress and/or the letter accepting your paper for presentation at the conference/congress indicating the type and level of your participation. Applicants with questions may call Kathy Riel at 355-2350 or email riel@msu.edu.

Note: You are required to provide a SFTF trip report when you submit your travel reimbursement voucher to our office for authorization.