



APPLICATION FORM

SPECIAL FOREIGN TRAVEL FUND AWARD

(For transportation expenses only)

1. Applicant Name: _____ Tenure System: YES ___ NO ___
 Z-PID: _____ (number on your MSU ID used 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: _____

Source	Amount
Dept	_____
College	_____
Grants	_____

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

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

\$ _____
(Airfare only)

Amount Requested From SFTF: _____

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

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

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

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, event, 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 the SFTF application to the Office of the Dean of International Studies and Programs via email at infonew@isp.msu.edu or at ISP Dean's Office, 207 International Center, by the deadlines outlined below. Along with the application, please attach supporting signatures and an invitation to the conference/event and/or the letter accepting your paper for presentation at the conference/event indicating the type and level of your participation. Applicants with questions may call 517-355-2350.

- **February 1:** for events held March through August
- **June 1:** for events held July through December
- **October 1:** for events held November through April

Note: You are required to provide a SFTF trip report when you submit your travel expense report on the SAP Concur system.