Frances McClelland Institute for Children, Youth and Families
Travel Award

Call for Submissions – 2018-19 Submission Deadline: October 15th and March 15th by 5pm MST

Name: _______________________________________________________

Dates of Professional Conference: __________________________________

Professional Organization: _______________________________________

Please provide the following information for all presentations:

Title of presentation: _____________________________________________

Presentation type (poster, paper, other): _______________________________

Order of Authorship for presentation:
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________
5. ___________________________________________________________________

Is the presentation already accepted? _________________________________

Do you have a leadership role in this organization, or do you serve on a committee for this organization? If so, what is the committee and your role and what years are you active in this role?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Are you actively on the job market this year or next year? ____YES______NO

Where have you requested other travel funding (include source and amount requested)?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Budget & Justification
$___________ Reason: ____________________________________________
$___________ Reason: _____________________________________________

Signature of Student ______________________________ Signature of Faculty Advisor ______________________________