

**College Student Affairs Program  
Student Travel Grant Application**

300 Rackley Building  
University Park, PA 16802  
(814) 865-3449

<hr/> Applicant's Last Name (PRINT)	<hr/> First Name	<hr/> Penn State Identification Number
<hr/> Street Address	<hr/> Telephone Number	
<hr/> City, State, Zip Code	<hr/> E-Mail Address	

Have you received a Student Travel Grant for the current academic year?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

Mark all that apply:

- \_\_\_\_\_ I am presenting/co-presenting a program/paper
- \_\_\_\_\_ I am in a position of leadership within the organization
- \_\_\_\_\_ I am volunteering at the conference
- \_\_\_\_\_ This is my first national or regional conference

Name of conference: \_\_\_\_\_

Dates you will be in attendance: \_\_\_\_\_

Estimated budget for travel:

- |                                     |          |                                   |
|-------------------------------------|----------|-----------------------------------|
| 1. Transportation costs:            | \$ _____ | (modes of transportation: _____)  |
| 2. Lodging costs:                   | \$ _____ | (\$ _____ per day for _____ days) |
| 3. Food and incidentals             | \$ _____ |                                   |
| 4. Registration fee (if applicable) | \$ _____ |                                   |
| <b>Total requested:</b>             | \$ _____ |                                   |

**Other purpose of travel:** If your purpose for travel is not covered by the previous questions, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<hr/> Signature of Graduate Student	<hr/> Date
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**To be completed by Graduate Officer:**

Department contribution: \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date \_\_\_\_\_

Other contributions: Source(s) \_\_\_\_\_ \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Director of Multicultural Student Services (if appropriate):**

Multicultural Student Services contribution (212-03) \$ \_\_\_\_\_

Other contributions: Source(s) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Director, Multicultural Student Services**\_\_\_\_\_  
**Date**