



## Student Travel Expense Grant Request

**All applications are due: March 27, 2009**

**Applicants are REQUIRED to volunteer at the WDAFS meeting they attend**

### Applicant Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Student Information

Please complete. If your degree is pending, list your expected graduation date.

Undergraduate Degree:	_____	Graduation date: ___/___/___
College or University:	_____	Location: _____
Advisor Name:	_____	Advisor phone: ( ) _____ - _____
Advisor e-mail:	_____	
Graduate Program:	_____	Graduation date: ___/___/___
College or University:	_____	Location: _____
Advisor Name:	_____	Advisor phone: ( ) _____ - _____
Advisor e-mail:	_____	

### Selection Factors

The WDAFS will judge applicants requesting funds based on the criteria listed below, although it is NOT required that all applicants demonstrate all of the following.

- ◇ Active membership in a WDAFS chapter and/or AFS Section
- ◇ Officer role in a student subsection
- ◇ A need for the funding requested
- ◇ Willingness to volunteer time at the meeting (volunteer time is REQUIRED of applicant)
- ◇ Membership in an international AFS chapter (Mexico or Canada)

### Estimated Expenses

Estimated expenses: (attach additional info if needed)

Travel mode (Check all that apply):  air  train  bus  car

Travel fees (ticket/rental costs) = \$ \_\_\_\_\_  
 Lodging costs \_\_\_\_\_ nights @ \$ \_\_\_\_\_ /night = \$ \_\_\_\_\_



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### Estimated Expenses

Estimated expenses: (attach additional info if needed)

List/ describe other expenses: (do NOT include registration fees)

1. \_\_\_\_\_ = \$ \_\_\_\_\_  
2. \_\_\_\_\_ = \$ \_\_\_\_\_  
Subtotal = \$ \_\_\_\_\_  
Less other funding sources -\$ \_\_\_\_\_

Total amount of funding requested: \$ \_\_\_\_\_

### Reference:

Please provide the name and contact information of an AFS member, other than your advisor(s), who can support your application.

Name/ Title	
Affiliation: Agency, University, or Company	
Street Address	
City, ST ZIP Code	
Work Phone	
Cell Phone (optional)	
E-Mail Address	

### Other AFS Volunteer Experience

Briefly summarize your previous volunteer experience.



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### Letter of Application

Please explain why WDAFS should endorse your funding request to support your (student) travel to a WDAFS professional meeting (Fill in meeting details below). In your answer, be sure to demonstrate how your experience and circumstances relate to the selection factors listed above. Please limit your response to the area provided.

Meeting:

Dates:

Location: (City, State)



## Student Travel Expense Grant Request

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my funding request is granted, any false statements, omissions, or other misrepresentations made by me on this application may result in a revocation of funds.

I also understand that, as a travel grant recipient, I will be required to volunteer in an appropriate capacity at the meeting that I attend.

Name (printed):	
Signature:	
Date:	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in WDAFS.

Please return your completed application to:

Scott Bonar  
sbonar@ag.arizona.edu

**All application materials are due by COB on March 27, 2009. Late or incomplete applications will not be considered.**