**All applications are due: February 22, 2013**

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

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

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| Student Information |
| Please complete. If your degree is pending, list your expected graduation date. |
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| 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: |  |  |

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| 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)
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| Estimated Expenses |
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| 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= $\_\_\_\_\_\_\_\_\_\_\_ |
| List/ describe other expenses: (do NOT include registration fees) |
|  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_= $ \_\_\_\_\_\_\_  |
|  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_ |
|  Subtotal = $ \_\_\_\_\_\_\_ |
| Less other funding sources -$ \_\_\_\_\_\_\_ |
| Total amount of funding requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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 |  |

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| 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) |
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| 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. |
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| Name (printed): |  |
| Signature: |  |
| Date: |  |

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| 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:

Christina Swanson, President WDAFS

cswanson@nrdc.org

**All application materials are due by COB (5 PM PST) on February 22, 2013. Late or incomplete applications will not be considered.**