

STUDENT TRAVEL FUNDS
ILA FAYE MILLER SCHOOL OF NURSING & HEALTH PROFESSIONS

GUIDELINES

- Students encouraged to travel to local/regional conferences in continental U.S.
- Students must apply for research and graduate studies (uiw.edu/orgs/research).
- Students only allowed one funding from school per academic year (summer, fall, spring).
- Each application will be considered on an individual basis.
- Students are expected to pay for food regardless of award.
- Trip must have an endorsement of your discipline. (See Faculty/Sponsor Recommendation Form.)
- Items allowable for reimbursement (pending funding):
 - Flight/Mileage
 - Hotel
 - Registration
 - Other transportation (taxi, train, etc.)
- If funding is awarded, it will be paid on a reimbursement basis after the trip has been completed.
- Other arrangements may be made depending on the trip and will be communicated with you prior to any required payment(s).

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APPLICATION

Name: _____
Program: _____
Phone: _____
Email: _____

I acknowledge a non-refundable deposit of \$75 (cash or check) is required if funding from SNHP is awarded.

Initials: _____

Have you been awarded funds from Research and Graduate Studies office?

☐ Yes – if yes, how much were you awarded? _____

☐ No – if no, please apply now at uiw.edu/orgs/research

TRAVEL INFORMATION

Name of Conference or Event: _____
Title of Project/Presentation: _____
Date(s) of Conference or Event _____
Location of Conference or Event: _____

Budget (Total requested expenses for travel to the conference/event above.)

| | |
|---|---------------------------------|
| Travel: Airfare: _____ OR Car Miles: _____ x \$0.58/mile | Total Transportation: \$ |
| Lodging: No. of Nights: _____ x Cost per night: _____ | Total Lodging: \$ |
| | Total Registration: \$ |
| | Total Expenses: \$ |

Why do you want to attend this conference/event? What impact does it have on your learning at UIW?

Signature of Applicant: _____ Date: _____

SUBMIT TO SNHP OFFICE – NURSING BUILDING 141

Name of Person Receiving: _____ Time/Date: _____

| | | | | |
|-----------------------|--|---------------------------|------------------|-----------------------|
| DEAN APPROVED: | <input type="checkbox"/> YES <input type="checkbox"/> NO | AMOUNT AWARDED: \$ | INITIALS: | DATE APPROVED: |
|-----------------------|--|---------------------------|------------------|-----------------------|

Form last updated: 10/1/19

SNHP STUDENT TRAVEL FUNDS
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FACULTY/SPONSOR RECOMMENDATION

Recommender Name _____

Recommender Email _____

Student Name _____

How is the trip/project/presentation connected to the mission of the university?

What impact does this conference have on the student's professional development?

Additional comments:

Recommender Signature _____

Date _____