

UNIVERSITY OF MICHIGAN-FLINT
FRANCES ANN FRAZIER STUDENT TRAVEL SCHOLARSHIP APPLICATION

Please note that the Frances Ann Frazier Student Travel Scholarship should NOT be the sole source of financial support for student travel.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Conference Title: _____ UM I.D.# _____

Destination: _____

Travel Dates: Departure _____ Return _____

• **Nature of Participation (check all that apply)**

Attending Conference Presenting a Paper Poster

Title: _____
(copy of paper acceptance notice is required when you submit your funding request)

• **Please submit an essay, no more than two pages, explaining how participation in the conference will affect your education.**

• **You must attach a copy of the conference program, completed registration form, AND a current unofficial transcript from either the Registrar's Office or your department.**

• **Estimated Costs**

Registration Fee(s) \$ _____

Transportation—check all that apply:

Air

Is Saturday night stay required for lower fare? Yes No \$ _____

Automobile (_____ miles x 0.36) \$ _____

Train \$ _____

Lodging # _____ nights @ \$ _____ per night \$ _____

Meals \$ _____ for _____ number of days \$ _____

Other funding commitments _____ \$ _____

_____ \$ _____

Personal Commitment \$ _____

TOTAL COSTS \$ _____

I have read and agree that all statements made in this application are true and correct to the best of my knowledge. Deliberate falsification or misrepresentation will result in forfeiture of the Frances Ann Frazier Student Travel Scholarship received from the University of Michigan-Flint.

Student Signature

Date

Faculty Advisor Signature

Date

FRANCES ANN FRAZIER STUDENT TRAVEL SCHOLARSHIP APPLICATION

**Faculty Advisor Application Endorsement
TO BE SENT UNDER SEPARATE COVER**

Applicant's Name

• **Recommendation of Faculty Advisor**

Support

Do Not Support

• **Comments:** _____

Are there other compelling reasons for this student to receive a Frazier Travel Scholarship?

Faculty Advisor's Signature

Date

Department

Telephone No.

