



WISCONSIN SOCIOLOGICAL ASSOCIATION

STUDENT TRAVEL GRANT APPLICATION

I. Student Information

Name: _____

School: _____

Address: _____
(city) (State) (Zip Code)

Email: _____

Phone: _____

Student Signature: _____ Date: _____

II. Advisor Information

Name: _____

Address: _____
(city) (State) (Zip Code)

Email: _____

Phone: _____

Advisor Signature: _____ Date: _____

III. Meeting Information

Conference Name: _____ Location: _____

Meeting Dates: Begin: _____ End: _____

Number of Days Attending: 1 2 3

Will you formally present? Yes No

If applicable, title of paper or poster to be presented: (YOU MUST ATTACH THE ABSTRACT) _____

Are you the primary author? Yes No

IV. Estimated Budget for Travel

Travel	\$	Mode of Travel: _____ Specify: _____
Lodging	\$	
Meals	\$	
Meeting Registration	\$	
Other	\$	
Total	\$	

Please submit the completed funding request form to:

**Leda Nath, WSA Treasurer
Department of Sociology, Anthropology, and Criminal Justice
UW-Whitewater
800 W. Main Street
Whitewater, WI 53190**