

Phi Sigma Student Research Travel Grant form

Student (print) _____

Member/year _____ or Inductee _____

Chapter _____

Address _____

Faculty mentor _____

Member/year _____ or Inductee _____

Chapter _____

Presentation title _____

Author(s)/Presenter(s) _____

Professional meeting _____

Location _____

Date(s) of meeting _____

Student registration
fee _____

Travel cost @ \$0.34/mile, or airfare (explain):

Lodging cost (explain) _____

Publication _____

_____ Copy of publication included

_____ Copy of publication will be forwarded to regional V.P. and the
_____ National Headquarters

Student signature _____

Chapter advisor
authorization _____

Number of students in Chapter's last initiation class (REQUIRED): _____

Today's date _____

Date received by Executive Director: _____

Acknowledgment of receipt sent to student: _____

Accepted by Executive Director (if no, explain): _____

Date forwarded to National Headquarters: _____

Approved by National Headquarters: _____

Return completed form to:

Phi Sigma Travel Grant
c/o Dr. Gene Wong
P.O. Box 82
Quinnipiac University
275 Mt. Carmel Ave.
Hamden, CT 06518