

**DEPARTMENT OF ENTOMOLOGY
GRADUATE STUDENT APPLICATION
FOR TRAVEL AWARD**

DATE: _____

Name: _____

Graduate Program: _____

Name of Meeting: _____

Location of Meeting: _____

Dates of Meeting: _____

Title of Paper/Poster:

Significance of Meeting to Career Goals:

Estimated Costs: _____

Signature of Applicant: _____

Signature of Major Professor: _____

Approved: _____ *Amt. Awarded: \$ _____ Request Denied _____

Dept. Chair's Signature

*Acknowledgement of support should be made during presentation.