This award is supported by a donation from alumna Dr. Margaret Wilson. These funds are to help clinical students cover travel expenses to conferences so they can be active in presenting their research nationally and internationally.

*This is a one-time award of up to $350

*To be reimbursed only if you are 1st author and presenting not just attending

*You must apply for matching funds from the Graduate School

PRIOR APPROVAL FOR FUNDS IS REQUIRED. NO FUNDS WILL BE AWARDED AFTER THE PAPER/PRESENTATION HAS OCCURRED.

Application Procedures

- Complete and submit the attached application at least TWO WEEKS prior to travel.
- Prepare an estimate of the direct costs (registration, transportation, lodging meals, etc.) associated with the conference.
- Submit an abstract of the paper that was accepted for presentation with documentation of that acceptance (association letter, program scheduler, etc.)
- Include the following statement of acknowledgement at the end of the estimate of direct costs and at the bottom of the first page of the paper or poster:

  **Statement of Acknowledgement:** This presentation was made possible, in part, through financial support from the Dr. Margaret Wilson Travel Fund.

- **Deadline:** None; review of applications will begin at the start of the academic year and conclude at the end of each semester.
- **Number of Awards:** Up to three per semester; limited to and dependent on a pre-set annual allocation.
PERSONAL INFORMATION

Name ____________________ ID Number ____________ Case Network ID __________
Address ________________________________

Department ___________________________ Degree ________________
Advisor ________________________________ Advisor email: ______________

PRESENTATION INFORMATION

Title of Presentation ____________________________
Date(s) of Presentation (M/D/Y) ____________________________
Conference Location ________________________________
Student Signature ______________________ Date __________

Authorizations

Advisor Signature ______________________ Date __________

To be filled out by PROGRAM/DEPARTMENTAL Fiscal Authority ONLY

SpeedType ____________________________ Amount $ __________
Name of Fiscal Authority ____________________________ Phone __________
Signature of Fiscal Authority ____________________________ Date __________

Return Completed Application and Materials to:

Psychological Sciences
11220 Bellflower Rd Ste 102
Cleveland, OH 44106
(216)368-2686