



COLLEGE OF
ARTS AND SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

Dr. Margaret Wilson
GRADUATE STUDENT
TRAVEL AWARD

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