

SIGMA THETA TAU, DELTA CHAPTER

Travel Award Application

Please complete the following form and forward to the Research and Awards Committee Chairman.

Applicant's Name:

Telephone Number:

Address:

Position:

Activities in Sigma Theta Tau (attach copy of Sigma Theta Tau membership card):

Destination:

Purpose:

Dates:

Are you or have you submitted a paper?
(Attach abstract)

Poster?

Are you presenting?
(Attach acceptance. If pending, and award is approved, funds will not be provided until acceptance letter is received)

Were you invited to present or participate?
(If yes, attach copy of invitation)

Estimated expenses:

Transportation (Indicate mode of travel_____)	\$
Registration	\$
Other travel expenses (Please itemize)	\$
Funds requested from Delta Chapter	\$

What other funds (sources and approximate amounts) are available that could supplement an award?

\$

List dates and amounts of previous Delta Chapter Travel Awards:

Please provide a brief, general description of your research or other scholarly activities, indicating their relevance to your travel. The amount of the award will be decided by the Research and Awards Committee, monies will be given up to the limit of the award, upon submission of appropriate original receipts.

DEADLINES:

September 1, 2001

March 1, 2001

Applicant's Signature

Date

Mail travel award application to:
Susan A. Parker, Chair, Research and Awards Committee
2017 School of Nursing
University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, Kansas 66160-7502