

Presentation Award

ROLLING DEADLINE

University Heights South, Suite 009 four@uvm.edu 656-5533

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TUDENT INCODMATION

STUDENT INFORMATION	C. 1 . # 0F
Name:	Student #: 95
	(This will be used to access your transcript)
Local Address:	NetID:
Major(s):	Phone:
College(s):	GPA:
I have received prior FOUR funding:	Year (1st, Soph, Junior, Senior)
If yes, which awards?	Anticipated Graduation Date (month/year)
TITLE (as it appears in conference materials):	
DURATION OF TRAVEL (Regardless of conf	erence length, list duration of student's travel):
Specific location(s) (Organization, title of confer	rence; city/cities, state(s), country, etc., if known Hotel name)
FACULTY INFORMATION and FACU	LTY SPONSOR FORM
Name:	UVM Department:
Email:	Telephone:

Providing your student number and NetID verifies your degree-seeking status and is used as a "signature" on this application asserting that this is your own work.

Attach (or submit separately) FOUR Faculty Sponsor Form.

My research/creative work has been accepted for presentation/performance. I am attaching confirmation of the acceptance of my work or submitting separately (cannot apply without this). Copy of email is acceptable.

Foreign or Domestic Travel

International travel: Have you registered your trip in GoAbroad?
YES
NO –FOUR will not be able to fund until your travel is approved by OIE.
Domestic travel
Have you reviewed the UVM Travel Policies?
☐ YES
NO –Please read the Travel Safety Policies and the funding Travel Policy before you go.
Are you planning to rent a car?
YES –Conference presentations are considered University business. You must complete the Driver's Safety Program: http://www.uvm.edu/safety/field/driver-safety-program
☐ I have completed the training (attach the confirmation to this application)
\square No
As part of UVM Clery Act reporting, students who have an overnight stay funded by the university
need to provide information about the location of your stay. If you will stay overnight answer the
following:
Name and Address of hotel
I do not know the name/location of my hotel at this time (If funded, you must provide this information to the
Office within 60 days of travel.) Will your faculty sponsor be traveling with you
Yes
□ No
BUDGET INFORMATION
DUDGET INFORMATION
Please itemize your travel expenses using the BUDGET WORKSHEET provided on the FOUR web page. You should indicate the total cost of the travel and alternate funding resources. Round costs to the nearest dollar.
The average award is \$700 (domestic)/\$1100 (international), but you may request over this amount. Applications indicating cost-sharing with other units/offices have a better chance of receiving above the average amount.
TOTAL AMOUNT REQUESTED: \$

Please attach the Budget Worksheet to your application.

fi ti	rom organiza ravel receipts	ation, fees p s.	e of events	e for your participation in the event (letter ts showing your name) in addition to itemiz							
В	Briefly descri	be your pre	sentation	(100 word	ds max) w	ritten to a	ın educate	d lay audie	ence.		