



UNIVERSITY OF KENTUCKY

The Graduate School

Conference/Research Student Support Funding

Select one:

- Travel to Professional Meeting/Conference
Research or Research Related Travel

Student's Name: _____

Residential Address: (do not use campus office address) _____

Student ID Number: _____

Home Phone: _____

Cell Phone: _____

UK Email: _____

Deadline: Applications must be turned in by the 15th day (or the next business day in the event of weekend or holiday) of the month prior to the month of travel. Return form and all attachments to the Funding Office at 203 Gillis Bldg, speed sort 0033.

Late applications will not be considered for funding.

All applications must include the following:

- DGS and student signatures
Conference: attach confirmation of your invitation to present
Research: attach a brief description of project

Program: _____

Program Level: [] Post-qual doctoral [] Doctoral [] Master's

DGS or Advisor: I support this student's proposal for student support and recommend funding as requested.

DGS or Advisor signature (or designated faculty member in absence of DGS or Advisor)

Date

Conference/Research Information:

Conference Name/Research Project _____

Conference/Research Location _____

Travel/Research Dates _____

Budget Information:

Conference/Research budget total \$ _____

Total from other sources \$ _____

Student Support total requested \$ _____

I have read and agree to the terms of Student Support Funding located at www.research.uky.edu/gs/fellowship/studentssupportguidelines.html

Student's signature

Date

For Funding Office only: [] Enrolled [] Previous student support Amount _____ Period _____
[] Denied Amount awarded (if different from requested) _____