

# AGEP/Turner Application for Conference Travel Award

Center for Inclusive Education  
Stony Brook University  
Melville Library E-1340  
Stony Brook, NY 11794-3387  
Tel: 631-632-9560  
Fax: 631-632-1837

Complete and submit this application along with all supporting documents one month prior to the conference to the Center for Inclusive Education.

## Student Information

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Degree: \_\_\_\_\_

Are You?\*      \_\_\_ AGEP only      \_\_\_ AGEP and Turner      \_\_\_ Turner only

## Conference Information

Conference Name: \_\_\_\_\_

Organizing Agency: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ to \_\_\_\_\_      Location: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Transportation Cost: \_\_\_\_\_

Lodging Costs: \_\_\_\_\_

Miscellaneous Costs (e.g. parking, ground transportation, etc...): \_\_\_\_\_

Total Estimate of Costs: \_\_\_\_\_ Amount of this request: \_\_\_\_\_

Is your advisor aware of your participation in this conference?      \_\_\_ Yes      \_\_\_ No

Advisor name (please print): \_\_\_\_\_ Advisor Signature (if relevant): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you be making an oral or poster presentation? \_\_\_ Yes \_\_\_ No

**\*If you are presenting your research at this conference, please attach a summary/abstract (priority will be given to applicants making a presentation)**

**Please provide information of all other funds that you have applied for or will receive in support of this trip (priority will be given to applications that have pursued and/or will receive cost-share for this trip):**

Source(s):	Amount:	What will it cover?
_____	_____	_____
_____	_____	_____

## OFFICE USE ONLY

\_\_\_\_\_ Approved for \$ \_\_\_\_\_ Denied By: \_\_\_\_\_

Special Instructions/Explanation for Denial: \_\_\_\_\_