



## SIGAPP Student Travel Award Program Application Form

Use this form to submit your application. The completed form, a resume, and a letter of support from your advisor, should be sent to:

Ronaldo Menezes, **SIGAPP Secretary**  
Computer Sciences Department  
Florida Institute of Technology  
150 West University Boulevard  
Melbourne, FL 32901-6988  
+1-321- 674-7623 (work)  
[rmenezes at cs.fit.edu](mailto:rmenezes@cs.fit.edu)

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

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you currently a student?  Undergraduate  Masters  PhD

Year entered current program: \_\_\_\_\_

University or College: \_\_\_\_\_

Department: \_\_\_\_\_

Department Chair: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Advisor: \_\_\_\_\_

E-Mail: \_\_\_\_\_

SIGAPP membership number: \_\_\_\_\_

(Only SIGAPP student members are eligible to for this award)

For which SIGAPP sponsored conferences are you requesting travel funds? \_\_\_\_\_

Where will it be held? \_\_\_\_\_

When will it be held? \_\_\_\_\_

Are you the primary author of a paper at the conference?  Yes  No

Title of your paper: \_\_\_\_\_

Will you present the paper?  Yes  No

Are you involved in any other way with the conference?  Yes  No

If so, how? \_\_\_\_\_

Please list your estimated expenses below. You should try to get the least expensive airfare, hotel room, etc.

	Funds	Explanation
Travel	US\$_____	_____
Hotel	US\$_____	_____
Registration	US\$_____	_____
Total Funds Needed	US\$_____	

The STAP program can only provide partial support for student attendance. Please seek funds from research grants that support your research, your department, and your University/College.

What funds do you have available?

From your department: US\$\_\_\_\_\_

From your University or College: US\$\_\_\_\_\_

Are you currently supported by a research grant?  Yes  No

If so, how much can the research grant provide for your trip? US\$\_\_\_\_\_

Total Funds Available: US\$\_\_\_\_\_

How much are you requesting from SIGAPP STAP? US\$\_\_\_\_\_