

Date submitted: \_\_\_\_\_

Signature of Faculty Sponsor: \_\_\_\_\_

**TCNJ Department of Elementary and Early Childhood Education  
Travel Funds Application**

1. Student \_\_\_\_\_
2. Faculty sponsor(s) \_\_\_\_\_
3. Title of Event \_\_\_\_\_
4. Dates and Location \_\_\_\_\_
5. Has the student applied for and been approved for EECE travel funds already this year? YES NO If so, when and how much? \_\_\_\_\_
6. Other funding source sought (indicate the source, e.g. SGA or College travel funds, student organization funds, etc... amount and status of request):

| Source | Amount | Status |
|--------|--------|--------|
|--------|--------|--------|

7. Indicate your status as of the time of this application:
  - a. Junior, Senior, Graduate Student \_\_\_\_\_
  - b. Freshman or Sophomore \_\_\_\_\_
8. Type of Event (circle one and attach a 3-5 sentence description of your anticipated participation):
  - a. Paper or poster presentation at scholarly conference
  - b. Professional development conference
  - c. Awards presentation
  - d. Workshop
  - e. Other (please specify): \_\_\_\_\_
9. Amount requested: \_\_\_\_\_ (total)  
List each item and its related expense (e.g. hotel, train, meals, registration fees, etc...) in the space provided. If additional; space is needed provide an addendum with your application.

| Item | Expense |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
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|      |         |

|                              |                                  |
|------------------------------|----------------------------------|
| <i>For Internal Use Only</i> |                                  |
| Funded: Yes _____ No _____   | Amount Funded: _____ Date: _____ |
| Department Chair: _____      |                                  |