



ENRICHMENT PROGRAMS  
OFFICE OF  
UNDERGRADUATE RESEARCH

**DEADLINE: April 15, 2019**

## OUR TRAVEL TO PRESENT AWARD 2018-19 APPLICATION OUTLINE

This document outlines information that will be collected in the online OUR Travel Award application. Your application must be submitted online through the OUR website: <http://ugradresearch.uconn.edu/travel-awards/>.

### APPLICANT INFORMATION

Student Name: \_\_\_\_\_ Student Admin #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ UConn Campus: \_\_\_\_\_

Major 1: \_\_\_\_\_ Major 1 School/College: \_\_\_\_\_

Major 2: \_\_\_\_\_ Major 2 School/College: \_\_\_\_\_

### TRAVEL INFORMATION

This information is necessary for OUR to complete any required travel approval processes on your behalf **IF your application is approved**. Students engaging in **international travel** for academic purposes must register with UConn Global Affairs – Education Abroad in accordance with the [UConn Student International Travel Policy](#). Students will be automatically enrolled and covered by Cultural Insurance Services International (CISI) Health Insurance for the duration of their trips upon their completion of the UConn Education Abroad student travel registration form. [Learn more](#) about health insurance costs and the Education Abroad registration procedure.

**Type of travel?** In-State, Out-of-State, International

**Name of Conference (please spell out fully):** \_\_\_\_\_

**Location of Conference:** \_\_\_\_\_

**Dates of Conference:** \_\_\_\_\_

**Upload confirmation that your project has been accepted for presentation at this conference (PDF)**

**Departure date/Return date:** \_\_\_\_\_

**Departure airport or station/Return airport or station (if trip involves air or train travel)**

### RESEARCH OR CREATIVE PROJECT

**Project Title:** \_\_\_\_\_

**Briefly describe your research or creative project, including its objectives and outcomes. Explain your choice of presentation venue and how you expect this presentation opportunity will enrich your educational experience (maximum 4000 characters).**

**Faculty Advisor's Name:** \_\_\_\_\_

**Faculty Advisor's Email Address:** \_\_\_\_\_

Faculty Advisor's Department: \_\_\_\_\_

Faculty Advisor's School/College: \_\_\_\_\_

## BUDGET INFORMATION

Please itemize the total budget for your travel expenses using the [Budget Worksheet](#) that is found on the **OUR Travel Award page of the OUR website**. While the maximum award is \$500, it is important for us to know the total cost of the project so we can assess the extent to which these awards are meeting student and faculty supervisor needs.

Total amount of funding requested: \_\_\_\_\_

Please upload the budget worksheet for your project. (PDF Format)

Please identify any other funding sources to which you have applied to support this research or creative project (e.g., Presidential Scholar enrichment funding, Rowe Scholar funding, departmental funding, etc.).

Please evaluate the importance of receiving OUR Travel Award funding to your ability to travel as described above.

- I could travel as described without OUR funding.
- I would have to modify my travel plans in the absence of OUR funding (e.g., reduce length of stay).
- I would not be able to travel without OUR funding.

Are there additional factors in your background or life experience that would help you benefit from this award program? Discuss social, economic, educational, or other obstacles, if appropriate.

## ADMINISTRATIVE DATA & PERMISSIONS

Should your application be selected/approved for funding, please indicate when you intend to present at **Frontiers**: Spring 2019 or Fall 2019 or Other

How did you learn about this award program? Select all that apply.

Website/Online search – Faculty/staff member or advisor – Posters/Other advertising – Friends – Facebook/Twitter – Other

**Permission to print transcript:** The Office of Undergraduate Research may include my unofficial transcript in my application.

**Permission to access student information:** The Office of Undergraduate Research may access information about me from StudentAdmin (ethnicity, first generation status, membership in groups such as Honors, receipt of scholarships such as Presidential Scholarships) and from Student Financial Aid Services (Expected Family Contribution). I understand that this information will be aggregated and used to assess how representative applicants for and recipients of OUR funding are of the overall undergraduate population. If my application is approved for funding, I understand that this information may also be used to match me to an appropriate funding source.

**Permission to include name in press releases and other publicity relating to this award program:** Yes or No

## ACADEMIC INTEGRITY

### Statement of Academic Integrity

By typing my name in the field below, I confirm that I have prepared all components of this application in accordance with University standards for academic integrity.