



ENRICHMENT PROGRAMS  
OFFICE OF  
UNDERGRADUATE RESEARCH

**DEADLINE: April 1, 2024**

## OUR CONFERENCE PRESENTATION AWARD 2023-24 APPLICATION OUTLINE

This document outlines information that will be collected in the online OUR Conference Presentation Award application. Your application must be submitted online through the OUR website: [ugradresearch.uconn.edu/conference-awards/](https://ugradresearch.uconn.edu/conference-awards/)

### APPLICANT INFORMATION

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

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

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

Expected Grad Date: \_\_\_\_\_ Good Academic Standing: Yes/No GPA: \_\_\_\_\_ Campus: \_\_\_\_\_

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

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

### CONFERENCE PRESENTATION AWARD APPLICATION FORM

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).

#### CONFERENCE & TRAVEL INFORMATION

This information is necessary for OUR to complete any required travel approval processes on your behalf **IF your application is approved**.

**Note:** International, university-sponsored travel by students to destinations with a Level 3 or 4 travel advisory requires an approved waiver from Global Affairs. Information on international travel and access to the travel waiver application is available [here](#).

Students engaging in **international travel** for academic purposes must register with UConn Global Affairs 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 Global Affairs undergraduate student travel registration form. [Learn more](#) about the Global Affairs registration procedure.

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

Location of Conference (enter "online" if a virtual conference): \_\_\_\_\_

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

Will you be traveling in order to present your research/creative project? Yes OR No (online/virtual conference)

If traveling, type of travel: In-state travel (CT), Out-of-state travel within the US, OR International travel

If traveling, departure date & return date: \_\_\_\_\_

If traveling, departure airport or station/return airport or station (if trip involves air or train travel): \_\_\_\_\_

## BUDGET INFORMATION

Please itemize the total budget for your conference presentation expenses using the [Budget Worksheet](#) that is found on the [OUR Conference Presentation Award page](#) of the OUR website. You will be asked to *upload the Budget Worksheet* for your project (PDF format) in a separate task in the online application. While the maximum award is \$500, it is important for us to know the total cost of this presentation opportunity so we can assess the extent to which these awards are meeting the needs of students. Please also note in the budget worksheet if your faculty advisor/PI will be covering any of your expenses (e.g., registration, housing).

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

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

Have you previously received conference presentation support through an OUR Travel to Present Research Award (previous name of this award)?

- Yes, for the same project
- Yes, for a different project
- No

Please evaluate the importance of receiving OUR Conference Presentation Award funding to your ability to present your research or creative project as described above.

- I could present my project as described without OUR funding.
- I would have to modify my conference presentation plans in the absence of OUR funding (e.g., reduce length of stay).
- I would not be able to present my project as described 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. Optional (maximum 1500 characters).

Was your project work based here at UConn or at a different institution (e.g., REU program at another university, research internship at an external organization)? Note: In cases in which the research was conducted at an institution *other than UConn*, we ask that you have two faculty recommendation forms submitted on your behalf – the first by your research supervisor at the other educational institution, and a second by a UConn faculty member.

Should your application be selected/approved for funding, please indicate when you intend to present at Frontiers: Spring 2024, Fall 2024, or Other

## UPLOADS

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

Upload the [budget worksheet](#) for your project after saving the budget document as a PDF file.

## RECOMMENDATION(S)

**Provide the name and email address of your faculty supervisor on this project.**

**If an external project (not based at UConn), provide the name and email address of a UConn faculty member who will provide a second recommendation on your behalf.**

## PERMISSIONS AND ACADEMIC INTEGRITY

**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

### **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.