Student Excellence Fund

Application Form

Name:	Major:
Address:	☐ Undergraduate
Phone:	☐ Graduate
Email:	☐ Full-time (12 hours or more)
	☐ Part-time (less than 12 hours)
Organization:	Office held:
Conference/Event Name:	
Name of your presentation (if applicable):	
Event Date/s:	Event Location:
Conference Website:	
Other sources of funding:	Amount of other funding:
Other students or faculty traveling with yo	ou:
	Dates of Travel
Budgeted Expenses	Total
Your hotel cost (circle one)	
Total in room: 1 2 3 4	
Gas (circle one)	
Total in car: 1 2 3 4	
Parking	
Airline/train	
Other	
Registration fee	
Total amount of request Hotel: Indicate your individual amount. If your hotel is circle #3 and put down \$50 for each night. Gas/Parking: Same as hotel Other (cab, subway, bus, etc): indicate the expense item	\$ is \$150 including tax and you are sharing with two other people, m and the cost
Signature of Student	
Signature of Department Chair	

If presenting or performing, give a brief abstract of your presentation or overview of your performance. If you are presenting a paper, please attach a copy of the call for papers as well as the acceptance letter for the presentation.
How will participating in this event help you as a student and in your field?
Please provide any additional details needed for the selection committee to understand this event and/or your financial request.

Student Excellence application check list	
I have included the	following to make my application complete:
Applica	ation form
Faculty	Support letter
Departi	ment Chair signature
Budget	of expenses
Call for	paper and acceptance of paper (if applicable)
Submit to:	
Missouri Western S 4525 Downs Drive,	State University Foundation Spratt Hall 110
TOUS DITTE,	Spran Han 110

Saint Joseph, MO 64507