



# APPLICATION FORM

## SPECIAL FOREIGN TRAVEL FUND AWARD

(For transportation expenses only)

1. Applicant Name: \_\_\_\_\_ Tenure System: YES  NO

Z-PID: \_\_\_\_\_ *(number on your MSU ID used for internal purposes only)*

Position/Title: \_\_\_\_\_ Email address: \_\_\_\_\_ @msu.edu

Department/School: \_\_\_\_\_ Phone Number \_\_\_\_\_

College: College of Arts & Letters

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

2. Name of Meeting and Sponsoring Organization: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

**List sources of support  
(FOR AIRFARE ONLY)**

Dates of Meeting: \_\_\_\_\_

Source	Amount	Initials
Dept	_____	_____
College	_____	_____
Grants	_____	_____

Lowest estimated **round-trip, tourist class air-fare** between Lansing and the international airport nearest the site of the meeting.

**Total:** \_\_\_\_\_ *(this amount should equal amount requested from SFTF)*

\$ \_\_\_\_\_  
(Airfare only)

**Amount Requested From SFTF:** \_\_\_\_\_

3. Signatures of both dean and chair. Please also have dean and/or chair initial the box if their office is providing funding.

Dean's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please type or print)

Chair's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please type or print)

4. Please list all extramural grants/contracts applicant presently directs:

Source	Years in Effect	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Foreign Travel Funds may **only** be used for **the airfare portion** of your trip. SFTF does not cover hotel, meals, registration fees, etc. Matching funds from department or college must match airfare costs only.

**OVER-->**

5. Please check below the nature of your participation at the proposed meeting (check all that apply).

High Officer of Organization	<input type="checkbox"/>	Keynote speaker	<input type="checkbox"/>	Panel organizer	<input type="checkbox"/>
Plenary paper	<input type="checkbox"/>	Invited paper	<input type="checkbox"/>	Panel participant	<input type="checkbox"/>
Competitive paper	<input type="checkbox"/>	Panel reactor	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. Please provide any additional information you feel is relevant about the nature of your participation at the proposed meeting:

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7. What is your relationship to the organization(s) sponsoring the meeting?

8. Will there be any proceedings or other published outcome? NO  YES   
If YES, please describe:

9. Have you received a SFTF grant in the past? NO  YES   
If YES, when? \_\_\_\_\_

10. Have you attended an international meeting, congress, or conference in the past two years? NO  YES   
If YES, please provide dates, places, and sources of support:

<u>DATE</u>	<u>PLACE</u>	<u>Sources of Support</u> (Circle all that apply)			
_____	_____	<input type="checkbox"/> grants	<input type="checkbox"/> department	<input type="checkbox"/> college	<input type="checkbox"/> personal
_____	_____	<input type="checkbox"/> grants	<input type="checkbox"/> department	<input type="checkbox"/> college	<input type="checkbox"/> personal
_____	_____	<input type="checkbox"/> grants	<input type="checkbox"/> department	<input type="checkbox"/> college	<input type="checkbox"/> personal

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**PLEASE REMEMBER TO:** Submit original application to the Office of the Dean of International Studies and Programs, 207 International Center, by the appropriate deadline, along with supporting signatures and an invitation to the conference/congress and/or the letter accepting your paper for presentation at the conference/congress indicating the type and level of your participation. Applicants with questions may call 517-355-2350.

**Note: You are required to provide a SFTF trip report when you submit your travel reimbursement voucher to our office for authorization.**