

## Sydney and J.L. Huffines Institute of Sports Medicine and Human Performance Graduate Student Research Presentation Travel Award Application

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Abstract accepted as a:      Poster presentation      Oral presentation

Scientific Meeting/Conference Title: \_\_\_\_\_

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

Destination: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of Travel: Depart: \_\_\_\_\_ Return: \_\_\_\_\_

Have you received a KNSM or CEHD travel award for 2024 - 25 travel?      Yes      No  
(Note if you are a KNSM GAR or GAT, you likely have funding. Please speak with your advisor.)

Funds Requested:  
*(to be completed by applicant)*

Transportation	\$ _____
Per Diem	\$ _____
Registration	\$ _____
Other (Specify)	\$ _____
<b>Total Requested</b>	<b>\$ _____</b>

Recommended Allocations:  
*(to be completed by office)*

Transportation	\$ _____
Per Diem	\$ _____
Registration	\$ _____
Other	\$ _____
<b>Total Awarded</b>	<b>\$ _____</b>

Required Signatures:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Huffines Affiliate Faculty Advisor Signature\*

\_\_\_\_\_  
Printed Name of Advisor

\*By my signature, as the Advisor of this student, I affirm that I will ensure that this student will attend at least 75% of the meeting/conference that this travel grant is supporting (if awarded).