

## Student Travel Support for SESAPS Meeting

The student must be a member of SESAPS and first author/presenter in a SESAPS (not SPS) session

NAME:	
ADDRESS	
CITY	
STATE	
ZIP CODE	
EMAIL	
UNDERGRADUATE/CLASS	
GRADUATE/CLASS	
ABSTRACT TITLE	
ABSTRACT AUTHORS	
AMOUNT REQUESTED (\$350 MAXIMUM)	
PURPOSE OF REQUESTED FUNDS	
NAME OF RESEARCH ADVISOR	

Your research advisor must also send an e-mail message to [SESAPSTravelGrants@gmail.com](mailto:SESAPSTravelGrants@gmail.com) certifying that you will present this paper. SUBMISSION DUE DATE IS ONE WEEK AFTER THE ABSTRACT DEADLINE FOR THE ANNUAL SESAPS MEETING. Please e-mail the completed form as an attachment to: [SESAPSTravelGrants@gmail.com](mailto:SESAPSTravelGrants@gmail.com)