

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

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

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

Advisor Name: \_\_\_\_\_ Student level:  PhD  
 Master's

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

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

Abstract accepted as a:  Poster presentation  Oral presentation

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

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

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

Have you received a KNSM or SEHD travel award for 2023-24 travel?  Yes  No  
 (Note if you are a KNSM GAR or GAT, you likely have department funding. Please speak with your advisor.)

Under funds needed/ requested, list all costs associated with travel. A maximum of \$800 will be awarded; however all costs associated with travel should be disclosed. If other is selected, specify in your statement.

Funds Needed/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).