

## The Don Wilson Applied Mathematics Endowed Fund for Excellence:

### Application for Conference Travel Funds

#### I. Contact Information:

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Street Address/ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

#### II. Educational Progress:

Date entered Program: \_\_\_\_\_ Date passed oral comprehensive exam: \_\_\_\_\_

Name of Committee Chair (Advisor): \_\_\_\_\_

#### III. Conference/ Workshop/ Summer School Information:

Name of Conference/Workshop/Summer School: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Website URL: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

- I have applied/registered to attend the event listed above: Yes \_\_\_\_\_ No \_\_\_\_\_
- I have received confirmation from the event organizer:  
Yes \_\_\_\_\_ (include copy with this application)  
No \_\_\_\_\_ (you will be required to submit a copy before funding will be approved)
- I will be giving a talk:  
Yes \_\_\_\_\_ (include copy with this application)  
No \_\_\_\_\_
- I will be presenting a poster:  
Yes \_\_\_\_\_ (include copy with this application)  
No \_\_\_\_\_



#### IV: Alternative Support Information:

Have you applied for other financial support to attend this Conference/Workshop/ Summer School?

- From the event organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  - From your Advisor? Yes \_\_\_\_\_ No \_\_\_\_\_
  - From the GIDP HE Carter Travel Award? Yes \_\_\_\_\_ No \_\_\_\_\_
  - From the GPSC? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Other – please describe below? Yes \_\_\_\_\_ No \_\_\_\_\_
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#### V. Estimated Budget:

\$ \_\_\_\_\_ Registration Fee  
\$ \_\_\_\_\_ Airfare  
\$ \_\_\_\_\_ Meal per diem (allowances are determined by destination location)  
\$ \_\_\_\_\_ Misc. (please itemize): \_\_\_\_\_

**\$ \_\_\_\_\_ TOTAL AMOUNT REQUESTING**

#### VI. Acknowledgement:

I am submitting this application to be considered for The Don Wilson Applied Mathematics Endowed Fund for Excellence in the amount of \$ \_\_\_\_\_. I have read and understand the requirements to apply for this award. I acknowledge that if I am selected for this award I am obligated to meet all the requirements set forth or my award may be revoked.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Please save this form locally on your computer, then submit it via email to: [appliedmath@math.arizona.edu](mailto:appliedmath@math.arizona.edu) no later than the deadline date.**

