 

**CONFERENCE ATTENDEE TRAVEL AWARD**

**$500 for Travel Expenses for the 2019 AATI National Conference at Marist College**

 **(30 May – 2 June, 2019)**

**GRADUATE STUDENT / CONTINGENT FACULTY CATEGORY**

**ELIGIBILITY:**

1. Deadline: March 15, 2019
2. Complete this application and attach as email. See details below.
3. Applicants must be AATI members in good standing.
4. Contingent Faculty and/or Graduate student (to be verified).
5. AATI executive officers, regional representatives, committee members are ineligible for this award.
6. Priority to Contingent Faculty and/or Graduate student who has not previously attended.
7. Adjunct Faculty and/or Graduate student whose paper has been accepted for presentation at the 2019 AATI Conference at Marist College.
8. Recipients of the award will be recognized at the Fall AATI conference meeting.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION OF STATUS**

**NOTE:** This section must be completed by a supervisor (department chair, dean, etc.) who can verify your employment as a graduate student contingent faculty in a post-secondary institution. If necessary, the AATI will contact this person to verify that you are a student or are employed as an adjunct.

I verify that (name of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a contingent faculty member and/or graduate student under my supervision.

Name of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASONS FOR TRAVEL ASSISTANCE:**

**DESCRIPTION OF PROJECT AND ITS EXPECTED IMPACT ON STUDENTS/FIELD OF STUDY:**

**APPLICATION INFORMATION**

**SUBMIT the following materials as attachments to an email message**

1. Completed application form including verification of faculty status

2. CV (Curriculum Vitae/Resume); two-page limit

**SEND materials to:**

E-mail address: beppe@email.arizona.edu

Subject line: Marist Conference Attendee (applicant last name)

**Example:** Marist Conference Attendee (Jones)