



# Northern Illinois University

*School of Allied Health and Communicative Disorders*

## Travel Grant Application

Requests will be reviewed and if funded, you will be notified by the department of the amount approved for reimbursement.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Professional Meeting: \_\_\_\_\_

Date(s) and Location of Meeting: \_\_\_\_\_

Description of Presentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funds requested \$ \_\_\_\_\_ Itemize expenditures (e.g. travel, hotel, registration)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Faculty mentor signature: \_\_\_\_\_

\*Additional funding can be requested through: Graduate School, Honors Program and OSEEL (Office of Student Engagement and Experiential Learning)

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Total amount committed by Allied Health and Communicative Disorders \$ \_\_\_\_\_

\*In order to be reimbursed for your professional activities, please remember that you will need to submit original receipts to the department. This includes, but is not limited to airfare, lodging, registration fees, meals, etc. Receipts must show payment in full and form of payment used. For any questions, please contact the AHCD Main Office at (815) 753-1484.