

## Herbert E. Carter Travel Award APPLICATION

### Applicant Contact and Personal Information

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Street Address/Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
GIDP Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Conference/Meeting Information

Name of Conference: \_\_\_\_\_  
Location of Conference: \_\_\_\_\_ Website Addr: \_\_\_\_\_  
Conference start date: \_\_\_\_\_ Conference end date: \_\_\_\_\_

- I have applied/registered to attend the conference listed above:      No      Yes (*include with application*)
- I have received confirmation from the conference organizer:  
    NO: if you are selected to receive an award you will be required to provide confirmation prior to receiving any funding  
    YES: include with application

### Estimated Travel Expenses

\$ \_\_\_\_\_ Registration Fee  
\$ \_\_\_\_\_ Airfare  
\$ \_\_\_\_\_ Meals  
\$ \_\_\_\_\_ Misc. (list) \_\_\_\_\_  
\$ \_\_\_\_\_ Other funding (list) \_\_\_\_\_

### ACKNOWLEDGEMENT

I am submitting this application to be considered for a Herbert E. Carter Travel Award in the amount of \$ \_\_\_\_\_.  
I have read and understand the requirements to apply for this award. I acknowledge that if I am selected I am obligated to meet all the requirements set forth by GIDPAC or my award may be revoked.

**Applicant Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Print Name \_\_\_\_\_

**GIDP Chair Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Print Name \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Print Name \_\_\_\_\_

**Submit** this application and your abstract (pdf) via email to GIDPAC: [gidp@email.arizona.edu](mailto:gidp@email.arizona.edu)

**Submit** this application (*including all signatures*) in hard copy to:

GIDPAC; c/o GIDP Administration, Admin. Bldg., Room 303, PO Box 210066, Tucson, AZ 85721-0066