College of Nursing
Matching Funds for Travel Requests for CON Students
Please submit completed form & attachments to the Associate Dean for Research

We recognize the important contributions our students make to our research programs and the benefits for students to attend and present research findings at conferences. The purpose of this program is to support students traveling to state and national conferences and meetings to present their research. *Students receiving a travel award may be expected to present at Collaborative Nursing Research Day, ECU Research and Creative Achievement Week, or CON Research Day.*

**Eligibility**
Students must be first or second author on the paper or poster to be presented and must attend the conference. The College of Nursing may match half of travel expenses, as funds are available, that total $1,000 or less and no more than $500 for travel expenses that total more than $1,000. Students may only request funds once per academic year (July 1st – June 30th).

Travel Fund requests for Fall Semester must be submitted by September 30th and expended by December 31st.

Travel Fund requests for Spring Semester must be submitted by February 15th and expended by June 15th.

Submit one (1) request per student. Include copy of conference acceptance indicating authorship with request and estimated cost of travel.

Student’s name:

Banner ID: ________________ Student’s ECU email address: ______________________________

Conference Attending: ________________________________

Dates of Conference: ________________________________

Title of presentation/poster: ________________________________

Authorship on presentation/poster: ☐ FIRST ☐ SECOND

Total cost of Meeting: $ __________ Request from CON Research Office: $ __________ (Registration, Transportation, and Lodging)

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<thead>
<tr>
<th>Matching Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>CON Dept</td>
<td>$</td>
</tr>
<tr>
<td>Personal</td>
<td>$</td>
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<td>Other (indicate what it is)</td>
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__________________________ ______________________________
Department Chair’s Signature Student’s signature

__________________________ ______________________________
Date Date

☐ Approved ☐ Not Approved. ADR Signature ___________________________ Date __________

_____ Amount Approved