**Department of Spanish and Portuguese**

**Student Conference/Workshop Funding**

**Instructions:**

* The application must be submitted at least 30 days in advance or, at the latest, 3 weeks after conference end date.
* Submit the completed application to Fabiola Parra-Oldham via email at [fabi@unm.edu](mailto:fabi@unm.edu)
* You will receive a decision via email. If awarded, you will be notified of the exact amount.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | |
| **Today’s date:** | | | | **Funding Source:** (*please select one)*    \_\_ Cristobal de Avila Student Fund *(restricted to themes on Spanish Linguistics or Heritage Learning of Spanish)*  ***\_\_*** S&P Student Fund | | | | |
| **Name:** | | | |
| **Banner ID:** | | | | **Email:** | | | | |
| **Reason for Attendance:**  \_\_\_ Paper Presentation \_\_\_ Session Chair/Moderator  \_\_\_ Conference Chair/Executive Board Member \_\_\_ Poster session  \_\_\_ Panel Participant \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Name of Conference or Workshop:** | | | | **Conference / Workshop Website:** | | | | |
| **Travel Destination (City, State):** | | | **Departure date:** | | | | **Return date:** | |
| **Title of paper/panel:** *(abstract must be submitted along with this form)*  **If not presenting, explain how this conference will help you in your professional development:** | | | | | | | | |
| BUDGET | | | | | | | | |
| **List of Expenses** | **Total Cost** | | | **Amount Requesting from other Sources** | | | | **Amount Requesting from S&P** |
| Airfare/Mileage |  | | |  | | | |  |
| \*If driving, please provide 3 different airfare quotes (round-trip) with your funding request. The quotes should be for the dates you would have flown, not actual dates of driving | | | | | | | | |
| \*Lodging |  | | |  | | | |  |
| \*Is this the conference hotel \_\_\_\_\_Yes \_\_\_\_\_ No  If not, please provide an explanation why the conference hotel is not being utilized and include the rate at the conference hotel  Policy 4030 Section 12.4  **Explanation:** | | | | | | | | |
| \*Per diem |  | | |  | | | |  |
| Registration |  | | |  | | | |  |
| Membership |  | | |  | | | |  |
| Other |  | | |  | | | |  |
| **TOTAL** |  | | |  | | | |  |
| **\*Per diem:**  Travel within the 48 continental United Stated:  <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>  Instate per diem allowance: $85 actual lodging and meal costs  $51 meal and incidental rate only  International Per diem allowance: $115 actual lodging and meal costs | | | | | | | | |
| Signature | | | | | | | | |
| **Signature of applicant:** | | | | | | **Date:** | | |
| FOR dEPARTMENT USE ONLY | | | | | | | | |
| **Date:** | | | | | | | | |
| **Funding Approved:** | | | | | | | | |
| **Funding Amount approved:** | | **Funding Source:** | | | **Funding Declined-Reason:** | | | |