American Society of Mining and Reclamation

Application Form for Student Travel Grant

(Please print clearly or type.)

______________________________________________________

First Name, Middle Initial, Last Name, ASMR Member No.

______________________________________________________

E-mail Address, Daytime Phone

______________________________________________________

Street Address

______________________________________________________

City State/Province, Zip Code, Country

Background Information

Academic Department: ________________________________________

College/University: _________________________________________

Degree Sought: ____________________________________________

Expected or Actual Graduation Date: __________________________

Presentation Type: ___ Paper ___ Poster

Paper/Poster Title: __________________________________________

______________________________________________________

Are you the senior author? ___ Yes ___ No. Will you be making the presentation? ___ Yes ___ No.

Did you receive a Student Travel Grant last year? ___ Yes ___ No.

Advisor

______________________________________________________

First Name, Middle Initial, Last Name

______________________________________________________

E-mail Daytime Phone

______________________________________________________

City State/Province Zip Code Country

(continued next page)
Projected Travel Expenses

Total projected travel expenses: $ ________________________________
(Please attach details; include estimated transportation, lodging, meals, and meeting registration fee.)

Total funds available from other sources such as grant funds, department or university funds.
(please attach details): $ ________________________________

Outstanding travel needs requested from ASMR (maximum $250): $ _________________

Are you currently on an assistantship and/or a scholarship? ____ Yes ____ No

If yes, what is the total annual amount $ _________________

If projected expenses exceed maximum funds available (from other sources plus ASMR Travel Grant), attach details explaining how the difference will be made up.

Verification

The undersigned represent that the information supplied above and on attached documents is true, that the applicant meets the eligibility requirements as stated herein, and that the financial need as stated is accurate.

____________________________________________________
Student Signature and Date

____________________________________________________
Advisor Signature and Date