## SAFFORD TRAVEL AWARD APPLICATION

Name:		
Date Submitted:	Advisor's nam	ne <u>:</u>
Campus lab location	ı:	Campus phone:
Date of Comprehens	sive Exam:	
Name of Education	Mtg/Workshop:	
	Signature:	
support attendance learning through prefor a meeting to occurrent the first week of	at meetings or workshops vesentations. Up to six awards our within the next six months. The each term. Students must be supported by the statement of the state	g award program, the Department will where you will either be presenting or of \$250 each, two awarded each term, Applications will be accepted during at have completed the comprehensive A student can receive this award only
Applications are aw	arded on a first come/first serve	e basis.
Return form to Chri	stie Hay, room 239 CSC	
Travel Grant:	Approved	Denied
		Administrative Officer

Cc: Student Student file