

TRAVEL STIPEND
Application Form



Date of Application: _____

SECTION 1: MEMBER INFORMATION

First Name	Last Name	Credentials
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Institution:
OUHSC OU-Norman OU-Tulsa OMRP OSU Other: _____

For Associate Members only:

Title(s)

For Trainee Members only:

Classification (*i.e. Grad Student, Undergrad Student, Fellow, Resident, Post-Doctoral Intern, etc.*)

College	Department	Section (if applicable)
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Campus Mail or Postal Mailing Address

Email Address	Office Telephone Number
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SECTION 2: DEPARTMENTAL CONTACT

Please provide the name of the departmental budget or financial contact who will coordinate your funding if received.

Name

Department	Campus Mail Address
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Email Address	Office Telephone Number
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SECTION 3: TRAVEL INFORMATION

Requested Travel Stipend Amount: \$ _____

Funds committed from other sources (if any): \$ _____

TOTAL TRAVEL BUDGET \$ _____

In 500 words or less, please describe the travel proposed and its necessity for advancing your work. Please utilize the application materials for more detailed information.

SECTION 4: PREVIOUS AWARDS

Please list the date, type, and amount of any previous awards of any kind received from HHDC. If additional pages are necessary, please include them as an appendix.

SECTION 5: CERTIFICATION

By signing below, if applicable, you certify (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; and (3) that you agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant/project is awarded as a result of the application. Further, if applicable, you certify that you will maintain the confidence of any information received from another party for the length of time specified within an agreement and that you shall limit disclosure of that confidential information to only those who have a need to receive the information to further the purposes of the Agreement and in accordance with the terms of any related agreement. You will advise those working under the agreement that they must abide by the terms of confidentiality and you shall obtain their written agreements to the terms/conditions if required by an agreement to do so.

Signature

Date