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| **APPLICATION FORM**Mississippi Space Grant 2023-2024Undergraduate Travel ApplicationMississippi University for Women |
| **I. Student Applicant Information**Student does not need to be a US citizen to receive travel reimbursement. |
| Name |       |       |       |
|  | Last | First | Middle |
| Address (incl city, state, & zip) |       |
| Telephone |       |  | MUW E-mail Address |       |
| Major(s) |       |  | Minor(s) |       |
| GPA |       |  | Expected Graduation Date |       |
| Birthdate |       |  | MUW-ID |       |
| Student status: | [ ]  Freshman | [ ]  Sophomore | [ ]  Junior | [ ]  Senior |
| Non-MUW Email address |       |
| Demographics |
| Race | [ ]  Native American | [ ]  Pacific Is. | [ ]  African American | [ ]  Hispanic | [ ]  Caucasian | [ ]  Other |
| Gender: | [ ]  Male | [ ]  Female | [ ]  Non-binary | [ ]  Prefer not to say |
| Person with disability:  | [ ]  Yes | [ ]  No |  |
| Active or former military:  | [ ]  Yes | [ ]  No |  |
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| **II. Destination** |
| Destination (do not use abbreviations for scientific meetings) |       |
| Location |       | Travel dates |       |
| In 200 words or less, describe the purpose of the travel. If you are presenting at a scientific conference, give the title of your presentation, all authors, the type of presentation (talk, poster, etc.), and the date you will be presenting. |
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| **III. Other remuneration or credit** |
| List here if you are receiving any other funding, from any other sources, towards the student travel expenses. |
| Amount ($) and source.  |        |
| Amount ($) and source. |       |

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| **IV. Budget** |
| Provide a budget of the all the travel-related expenses – including vehicle use or other transportation expenses, registration, hotel rooms, and per diems, if applicable – that will be incurred during this travel. Click or tap here to enter text. |

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| **V. Certification** |
| *I certify that I am or will be a full-time student at Mississippi University for Women. I will comply with reporting/presentation requirements. I agree to keep NASA and MUW informed about progress in my career and employment in the years that follow this award. I also certify that all information contained in this application is accurate.* |
| Signature of Student |       | Date |       |
| *You may type in your name in lieu of a signature.* |
| **Please complete and return to Dr. Ross Whitwam (rewhitwam@muw.edu), 201B Parkinson Hall, MUW, by the deadline.** |