**Turner Research and Travel Award AY 2017-2018 Application**

***Directions***

***Please enter your responses in the boxes provided.***

***Email your completed application including budget to*** [***researchcouncil@ubalt.edu***](mailto:researchcouncil@ubalt.edu)***.***

***Have your professor send his/her letter of reference directly to*** [***researchcouncil@ubalt.edu***](mailto:researchcouncil@ubalt.edu)***.***

***\*\*Proposals are due by midnight, March 28, 2018\*\****

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| --- | --- | --- | --- | --- | --- | --- |
| ***About You*** | | | | | | |
| Name |  | | | | | |
| Student ID  (7-digit # on your Bee Card, also in your student portal): |  | | | | | |
| Email: |  | | | Phone: |  | |
| Student Status: |  | Undergraduate |  | Graduate | Current GPA: |  |
| College: | \_\_\_\_\_ CAS \_\_\_\_\_ CPA \_\_\_\_\_MSB \_\_\_\_\_ Law | | | | | |

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| ***About Your Project*** | | | | | | | | | | |
| 1. Project Title | |  | | | | | | | | |
| 2. Type of Research Experience (Mark all that apply.) | | | | | | | | | | |
|  | Conference Presentation \**Please provide name of conference:* | | | | | | | | | |
|  | Experiential Activity (field research, serving learning, etc.) | | | | | | | | | |
|  | Other (please specify) | | | | | | | | | |
| 3. Is your work part of a group research project or presentation? | | | | |  | | Yes | |  | No |
| 3a. If yes, please list the other members of your group below  \**Individuals named on group applications are not eligible for individual awards for the same activity\** | | | | | | | | | | |
| Group member 1 | |  | | | | | | | | |
| Group member 2 | |  | | | | | | | | |
| Group member 3 | |  | | | | | | | | |
| Group member 4 | |  | | | | | | | | |
| Group member 5 | |  | | | | | | | | |
| 4. If you are requesting funds for travel, please provide the trip start and end dates | | | Start Date |  | | End Date | |  | | |
| 5. If you requesting funds for research or an experiential learning experience, please provide the project timeline below (Insert additional rows if needed.) | | | | | | | | | | |
| *Task/Milestone* | | | *Start Date* | | | *End Date* | | | | |
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| 6. **Description of the proposed project**  In the space below, please provide a clear and concise overview of your project in layperson’s terms (250 words or less). | | | | | | | | | | |
| 7. **Significance of the proposed project**  Describe how the project impacts the academic community and contributes to your personal, educational, and professional growth. | | | | | | | | | | |
| **8. Additional Information** *(Use this space to document important additional information about your application such as other funding you have received or have applied for to support this activity.  If you have already been notified that you will receive an award indicate “awarded” next to the award name. If you have submitted an application, but not yet been notified, indicate “pending” next to the award name.* | | | | | | | | | | |

**Budget**

Using the sample budget below as a guide for format and detail, please provide a detailed budget for your request using the Excel budget template provided. When requesting travel funds, follow the UB travel guidelines and rates for per diem, mileage, and other travel expenses available via this link:

<http://www.ubalt.edu/about-ub/offices-and-services/comptroller/travel-policies/Travel%20Expenses.cfm>

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| --- | --- | --- | --- | --- | --- |
| **Turner Research and Travel Award Sample Budget** | | | | | |
|  |  |  |  |  |  |
| **Budget Item** |  |  |  |  | **Net** |
|  |  |  |  |  |  |
| ***Conference Registration Fee*** |  |  |  |  | 250.00 |
|  |  |  |  |  |  |
| ***Travel Expenses*** |  |  |  |  |  |
| Airfare | 1 | BWI to Denver | $650.00 | round trip | 650.00 |
| Hotel | 2 | nights @ | $98.00 | per night | 196.00 |
| Per Diem | 2 | days @ | $47.00 | per day | 94.00 |
| Mileage Reimbursement | 150 | miles @ | $0.54 | per mile | 80.25 |
| Parking, Tolls, Misc. Fees |  |  |  |  | 25.00 |
|  |  |  |  |  |  |
| ***Research Expenses*** |  |  |  |  |  |
| Audio recording supplies |  |  |  |  | $204.75 |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cost** |  |  |  |  | **$1,500** |

**\*\*FOR INTERNAL PURPOSES ONLY\*\***

**Date Reviewed:**

**Comments:**

**Determination:**