

# Conference Funding Request Form

Student name: \_\_\_\_\_ 7-Digit ID: \_\_\_\_\_

Conference/meeting: \_\_\_\_\_

At this conference, I am:

- Presenting original work as an MPH student (i.e., Practicum or Capstone)
- Presenting in another capacity, or work unrelated to the MPH program
- Attending in a leadership capacity
- Attending for my own professional development

Presentation Title (Number if available)

Please briefly describe how this conference will advance your public health training and represent the CWRU MPH program locally, regionally, and nationally.

Amount requested: \_\_\_\_\_

Please briefly describe the expenses you plan to incur, including a basic budget if applicable. Attach new pages as needed.

*Please note: expenses are paid on a reimbursement basis. You must save itemized receipts for all expenses and submit them to the MPH office for reimbursement. CWRU will not reimburse you without a receipt.*

## Financial Support for Conference Travel

The MPH program and the School of Graduate Studies considers attendance at international, national, state, and local conferences an integral part of the professional development process. As such, the MPH program and School of Graduate Studies offer financial assistance to students attending these conferences. Students who are presenting at the conference are given priority. Funding is awarded on a case-by-case basis when available, up to \$500 per student.

See also: Graduate Student Travel Award - Awarded on a case-by-case basis, the School of Graduate Studies will match the MPH Program contribution for conference-related expenses such as registration, lodging, meals, and transportation. The request must be submitted at least two weeks prior to travel. No funds will be awarded after the conference presentation has occurred. More information on this can be found at <https://case.edu/gradstudies/current-students/fellowships-and-awards>. You must apply separately for School of Graduate Studies funds. This form is used to request funding from the MPH Program only.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and understand the policies and procedures described above.*