

**UNIVERSITY FACULTY TRAVEL GRANT  
APPLICATION FORM**

**Note:** The Faculty Senate Standing Committee on Faculty Excellence (SCFE) will only consider applicants who are eligible and have submitted the required documents for the University Travel Grant.

**Eligibility:** Faculty who are tenured or employed in tenure-track positions at the University of Guam and who are not on authorized leave (except for faculty on sabbatical), and who has at least one year remaining on their current contract with the University of Guam.

Application Documents Required:

- A completed and signed Application Form
- An endorsement transmittal from the applicant's appropriate administrator
- A price quote (3 quotes if airfare is over \$1,500) indicating the least expensive airfare to the intended event
- An event announcement including the schedule of activities (program)\*
- A completed registration form for the event\*  
If not available, please indicate registration deadline: \_\_\_\_\_
- An official acceptance notification, if presenting at the event.\* If not available, please forward as soon as received
- Abstract, paper, or other comparable information, if presenting at the event\*

\*Copy acceptable

**A. APPLICATION INFORMATION**

Name: \_\_\_\_\_ Current Rank: \_\_\_\_\_

School/College: \_\_\_\_\_ Unit: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

Current Employment Status (check appropriate box):

- Contractual (Tenure Track Appointment)
- Continuing Employment
- Tenured

**B. TRAVEL REQUEST (check appropriate box)**

- I am applying for the University Travel Grant (Please sign below):

I, \_\_\_\_\_, hereby acknowledge that my application for this travel funding assistance is conditioned upon the "ARTICLE V ON FACULTY OFF-ISLAND TRAVEL TO ATTEND ACADEMIC MEETINGS GUIDELINES (pp. 164-166) and ARTICLE VII TRAVEL GUIDELINES (pp. 203-212) of the Rules and Regulations Procedures Manual."

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*The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges Senior College and University Commission and is an equal opportunity employer and provider.*

**C. EVENT INFORMATION (Information on conference, workshop, etc.)**

Title of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

Applicant's role at the event:  Attendance only  
 Attendance and Presentation  
 Other: \_\_\_\_\_

If presenting, please state reason for travel:

- |   |  |
|---|--|
| <input type="checkbox"/> Invited Speaker      | <input type="checkbox"/> Juried Paper/Lecture Presentation |
| <input type="checkbox"/> Panel/Oral Presenter | <input type="checkbox"/> Committee Chair/Facilitator       |
| <input type="checkbox"/> Poster Presenter     | <input type="checkbox"/> Round Table Participant           |
| <input type="checkbox"/> Other: _____         |  |

State title or topic of presentation (if applicable):

\_\_\_\_\_

**D. BUDGET INFORMATION**

Allowable Categories	Cost
• Airfare	_____
• Per Diem	_____
○ (\$     per day X     days)	
○ Obtained online at <a href="http://www.gsa.gov">www.gsa.gov</a>	
• Registration Fee	_____
• Total	_____
Total Travel Grant Requested (See Guidelines for total amount allowable)	_____

Other funding source(s):  I am not seeking other funding source(s)  
 I am concurrently seeking other funding source(s)  
for this travel

If concurrently seeking other source(s), please identify the source(s) and amount sought (i.e., Federal Funding):

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**E. APPLICANT'S ACKNOWLEDGEMENT**

I certify that the statements made are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date