

COESA STUDENT CONFERENCE GRANT APPLICATION 2022-2023

OFFICE USE ONLY:					
Date processed by COESA Treasurer:					
☐ Approved ☐ Rejected					
Contacted student date:					
Amount awarded: Initials:					
☐ GSA ☐ Reimbursement ☐ Scholarship					

REQUESTER INFORMATION:						
Name:						
Telephone	:	E-mail:				
Mailing ad	Mailing address (will be used if you do not have direct deposit):					
SIGNA	TURE:					
that submit my answer funding for	tting this form is in s on this form are r a student event, o	ad and agree to the terms of COESA's budget polin no way guarantee of funding for the partial or furture and correct. If I presented at or attended a correct if I am selected to receive a Dissertation/DRP/D the information and any pictures included in this g	ll amount requ nference, if I a DIP Research S	nested. I certify that am requesting Scholarship, I		
Student sig	gnature:					
SECTIO	ON I: PRIOF	R COESA FUNDING RECEIVED				
Did you re	ceive COESA Stu	dent Conference Grants in the 2021-2022 year?	☐ Yes	\square No		
If yes, how	much in total?					
		s COESA Student Conference Grant Application, IP Research Scholarship Application for the 2022				
☐ Yes	□No	If yes, how much was requested?				

SECTION II: CONFERENCE ATTENDANCE AND EXPENSES

Conference name:	
Conference dates:	Conference site:
How did you attend/participate in this conference? \Box	In person
Did you present at this conference? \square Yes \square	No
developed you as a scholar/practitioner or program. 3. Application forms will not be considered with If no, please attach the following: 1. Proof of conference attendance (e.g., name be 2. A personal statement describing how this opportunity of your academic/professional development of 3. Application forms will not be considered with Itemized list of Expenses: Please refer to the 2022-2023 COESA Budget Powell as the limits on the reimbursement funds av	CE, and an explanation of how this opportunity omoted your academic/professional development. hout these additional items. adge, registration, photo of you at the conference) cortunity developed you as a scholar/practitioner or pment. hout these additional items. blicies for what can and cannot be reimbursed, as ailable for different types of conference attendance. arer@du.edu, please remember that you must
Description	Amount
TOTAL AMOUNT REQUESTED	

For COESA use only:					
Decision: Approved	Rejected	Total amount awarded:			
If rejected, explanation:					
Additional comments:					
COESA Signature #1:					
Name:		Office:			
Signature:		Date:			
COESA Signature #2:					
Name:		Office:			
Signature:		Date:			