



APPLICATION FOR TRAVEL GRANT

Please read guideline for Travel Grants before applying.

Complete this form and submit to DCAL via e-mail (dcal@dartmouth.edu),
 fax (603-646-6906) or Hinman mail (HB 6247).

Name			
Mailing Address			
HB #		Dartmouth ID	
Title/Position		Department/Program	
Amount of request (Max \$1000)			
Conference information <i>(please include name, dates, location and sponsoring organization)</i>			
Will you be presenting or facilitating a session? If so, please describe.			
What is the anticipated benefit to you and your department/program and/or colleagues of your attendance at the event? Please make a clear case for how attendance will contribute to your teaching, course design or understanding of student learning.			
Expected expenses			
Will you receive funding from other sources for this conference? <i>If so, please explain.</i>			

Applicant Signature

Date

Department Chair, Program Director or Dean

Date