Yale school of public health

Office of Student Affairs 47 College Street, Suite 108 New Haven, CT 06510 Phone: (203) 785-6260 Email: ysph.registrar@yale.edu

SAYPH Conference Travel Fund Application

Please use this form to request funding for conference travel related to your academic program. The completed form should be emailed to Naimisha Movva (SAYPH President) at naimisha.movva@yale.edu and the YSPH Office of Student Affairs at ysph.registrar@yale.edu. Please note there is a limited amount of conference travel funding available and submitting the application form does not guarantee funding. Funds are awarded on a first come, first serve basis.

Name:				
Last	First		M.I.	
Yale ID:	Term/Year:			
Phone Number:	Email Address:			
SECTION I: CONFERENCE INFORMATION				
Has your abstract/paper or poster been officially accepted by the conference organizers?			No	
Title of Abstract/Paper or Poster:				
Sponsor Organization:				
Date(s) of Conference: From:	(mm/dd/yr) To:		$\frac{1}{2}$ (mm/dd/yr)	
Location of Conference:				
Have you applied from funding from other scourc	es? Yes No			
Please explain below how this conference would b	e beneficial to your professional developmen	t.		
SECTION II: BUDGET				
Transportation to/from conference: \$				
Accomodations: \$				
Conference Fees (membership dues, registration fe	ees, etc.): \$			
Total Amount Requested: \$				

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Conference Travel Fund Application (Continued)

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SECTION III: TO BE COMPLETED BY ADVISOR		
Are departmental or PI funds available to the student?	Yes	No
If yes, what is the available amount? \$		
Please provide information below to support this student's request		
Advisor Name:		
Advisor Signature:		Date:
Please return the completed form with the required signatures to Nain YSPH Office of Student Affairs (ysph.registrar@yale.edu).	misha Movva (na	imisha.movva@yale.edu) and the
Office Use Only: Processed by: Date: Notes	:	