

McNair Scholars Program
Funding Request for Research Conferences

Instructions: Please complete this form and obtain your faculty mentor's signature. The completed form should be dropped off to the McNair Office in Hood House, Room 210. Students will be notified of funding status and further instructions via email. Abstracts, posters, and/or any other presentation materials must be reviewed and approved by the student's faculty mentor prior to submission.

Type of Conference (select one): ☐ McNair ☐ Non-McNair (i.e., conference within discipline)

Student Name: _____ Date: _____

Major: _____ Mentor: _____

Date(s) of proposed Travel: _____

Title of Research Conference: _____

Sponsoring Organization (i.e., School):

Location (City, State): _____

Please select the format of your research presentation: ☐ Oral ☐ Poster ☐ Both Oral and Poster

Presentation Title: _____

Do you plan to meet with prospective graduate departments and/or faculty members? ☐ Yes ☐ No
If you are planning to meet with faculty member(s), please provide their name(s) and department(s) and denote the time and date of your meeting. Please include a copy of your email correspondence with the faculty member(s):

Objectives/Goals for the proposed travel: _____

COMPLETE THE SHADED SECTION FOR NON-McNAIR CONFERENCES ONLY

If you are presenting at this Non-McNair Conference, you must first submit an application through the Hamel Undergraduate Research Center to receive a grant for your transportation cost(s) and registration fee(s). You can find more information about their application at <https://www.unh.edu/undergrad-research/research-presentation-grants>.

Proposed Budget for Travel:

This section must be completed by the student. Funding Requests MUST be submitted a minimum of three weeks in advance for students needing air travel.

Transportation: ___ Air ___ Train ___ Bus ___ Car

Budget: _____

(If you plan to use your own vehicle, calculate mileage at \$0.30 per mile)

Lodging: ___ Hotel ___ Dorm ___ Other (Stay with Family/Friend)

Lodging, If Hotel or Dorm: # of nights ___ x Rate \$ ___ = Budget: _____

Registration Fees: ___ Yes ___ No

Budget: _____

SUB-TOTAL: _____

Meals:

How many meals are included in the registration fee? _____

How many meals are not included in the registration fee? _____

Please provide the # of meals not included: ___ Breakfast ___ Lunch ___ Dinner

McNair Staff Only: Additional Funds for meals:

Budget: _____

TOTAL: _____

By signing this document, you acknowledge that if McNair pays for your registration fee, transportation, or lodging and you fail to attend or give yourself adequate time to cancel your registration, you will be required to refund the McNair program for all costs associated with this conference.

Signature of Student: _____ Date: _____

Signature of Mentor: _____ Date: _____

Signature of McNair Staff: _____ Date: _____

McNair Staff Only:

_____ FUNDED

_____ NOT FUNDED, explain: _____