



Student Travel Grant Application

Application Date
SPIE IDN or Member Number

Return to: SPIE Conference Programs and Proceedings Dept.
 PO Box 10, Bellingham, WA 98227-0010 USA
 Fax Number: 1 360 647 1445
 Email: See [Conference Program Coordinator Contact List](#)

- SPIE Student Travel Grants are available for **full-time students only**
- Grants are intended to *partially* cover travel expenses (e.g. airfare, hotel; *excludes meals and conference registration fees*)
- Grants are typically \$250-\$500 USD per domestic traveler and \$300-\$750 USD per international traveler, *but may be less*
- GRANT PAYMENTS: Keep your travel receipts for reimbursement. You will be reimbursed by check **after the meeting**; reimbursements will not exceed the total amount on your submitted receipts.

To qualify, you must:

- be a full-time student (*post-doctoral students do not qualify*) who will present an accepted paper at the conference
- not have received SPIE funding in the past 12 months
- attach a letter of recommendation from your faculty advisor or the head of your department
- submit this application form and other required documents no later than **10 weeks** prior to the 1st day of the event*

*See [SPIE Conferences + Exhibitions Calendar](#) to confirm first day of event; **late applications will NOT be considered**

Presentation Information	
<i>Event/Symposium Title</i>	
<i>Conference Title</i>	
<i>SPIE Paper Number</i>	<i>SPIE Paper Title</i>

Student Information			
Full Name	<i>Last (Family/Surname)</i>		<i>First (Given)</i>
	<i>M.I.</i>		
Academic Institution Information	<i>Name of Academic Institution</i>		
	<i>Department</i>	<i>Field/Area of Study</i>	
	<i>Level of Study (undergrad/graduate.)</i>	<i>Degree Sought (BS, MS, PhD, etc.)</i>	<i>Anticipated Graduation Date</i>
Mailing Address <i>Select One:</i> <i>Home</i> <input type="checkbox"/> <i>Academic Institution</i> <input type="checkbox"/>	<i>Street Address</i>		<i>Dept or Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>Postal Code</i>
Contact Information	<i>Phone</i>	<i>Email</i>	

Estimated Expenses

If you will share travel expenses with someone else, claim only your share.
 Expenses for meals and conference registration will not be reimbursed.

Research economical lodging options. There are often budget hotels and hostels in the area.

Traveling from (City)	Traveling to (City)	Travel \$
Number of hotel nights	Price per night	Lodging \$
		Total \$



Grant Qualifications

Are you a full-time student? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you the presenter of this paper? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever received SPIE funding to attend an SPIE meeting? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list year and type of funding (student grant, fee waiver)
Are you otherwise employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If employed, how?

Please list your other sources of funding, and how this grant would help you attend the meeting:

Briefly state below how you expect to benefit by attending this conference:

Faculty Advisor Information

Full Name	Last (Family/Surname)		First (Given)		M.I.
	Street Address			Department	
Mailing Address	City		State	Postal Code	Country
	Phone		Email		

Signatures

I certify that this information is true and complete to the best of my knowledge.

Student Signature	Date
-------------------	------

I certify that our institution is unable to provide full funding for the applicant to attend the stated meeting.

Faculty Advisor Signature	Date
---------------------------	------

REQUIRED Attachment

- Attach a letter of recommendation from your faculty advisor or the head of your department.

Return Application to SPIE prior to Deadline

By Email: [Select Conference Program Coordinator from Contact List](#)

By Mail: SPIE Conference Programs and Proceedings Dept.
PO Box 10

Bellingham, WA 98227-0010 USA

By Fax: +1 360 647 1445