***Conference Support Application***

 **Annual Curriculum and Pedagogy Conference**

**October 17th – 18th, 2018**

**New Orleans, LA**

[www.curriculumandpedagogy.org](http://www.curriculumandpedagogy.org)

**Conference Support Application Deadline: Wednesday August 30th, 2018 Midnight EST**

The Curriculum and Pedagogy Group would like to invite applications for financial support to attend the 2018 Annual Conference in New Orleans. Support covers the cost of on-site hotel accommodations for up to three nights (Tuesday, Wednesday, and Thursday) of shared lodging for students or faculty, reserved by C&P.

* This form is due electronically (Word or PDF) no later than **August 30th, 2018** **Midnight (EST)** via email to Vonzell Agosto, vagosto@usf.edu, with “**FIRST NAME, LAST NAME**” in the subject line.
* Recipients will be notified by **September 25th, 2018.**
* Applicant names will be shared with the conference Registrar to ensure registration costs have been paid by **the end of early registration** are are therefore eligbile to receive support.
* Applications from those who have not been funded previously will be given priority.
* Applications from those who have multiple presentations will be given priority.
* Incomplete applications will not be reviewed.
* There are two sections to this two page application.

1) Applicant Information: This section is to be completed by the person applying for support.

2) Faculty Member Support: This section is to be completed by a supporting faculty member or supervisor.

**Section One: Applicant Information**

|  |  |
| --- | --- |
| 1. **Applicant’s Name (and add to section 2)**
 |  |
| 1. **University/College/School Affiliation**
 |  |
| 1. **Graduate Program/Department/Position**
 |  |
| 1. **Mailing Address**
 |  |
| 1. **Email Address**
 |  |
| 1. **Supporting Faculty/Supervisor’s Name and University/School Affiliation**
 |  |
| 1. **Title of C&P Conference Proposal/s** (NOTE: *Applications submitted prior to notice of acceptance for the 2018 program will be considered and awarded pending acceptance*):
 |  |
| 1. **Nights seeking support: Tuesday, Wednesday, and/or Thursday?**
 |  |

**To select your choice: Double click the box to respond. Then click “checked” to “check the box”.**

**Will this be your first C&P conference?** (Please check one)

Top of Form

Yes / No 

Yes / No Yes / No Bottom of Form

**If no, have you received conference support previously?**

Top of Form

Yes / No  If yes, please indicate years of award \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom of Form

**Are you eligible to receive other forms of funding to attend?**

Top of Form

Yes / No  If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom of Form

**What is your current status (e.g. student course work, ABD, faculty title, etc.)?**

|  |
| --- |
| Status:  |

***Conference Support Application*** (continued)

**Check the following statements as part of the conditions of the support:**

I understand that as a support recipient I will be sharing accommodations with other support recipients.

Top of Form

 **Yes**

Bottom of Form

My roommate preference(s) by gender is/are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of persons also applying for support with whom I would like to share a room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that as a support recipient I agree to volunteer time to help out at the conference, including running the book table and/or registration table during the conference.

Top of Form

**Yes**

Bottom of Form

I understand that if I receive funding I am to confirm attendance with Vonzell Agosto, Fellowship & Awards Committee Chair, at [vagosto@usf.edu](http://attendance/Funding), three (3) weeks prior to the conference (no later than October 1, 2018). If I do not confirm my attendance prior to the conference I understand that I may lose funding support.

Top of Form

**Yes**

Bottom of Form

I understand that incomplete applications will be disqualified and that the Faculty Member Information section (below) of this application must also be completed/submitted by the deadline of **August 30th, 2018 – Midnight EST.**

Top of Form

**Yes**

Bottom of Form

I understand that in order to receive conference support for any given night of the conference I will have registered and paid the registration fee to attend the conference.

Top of Form

**Yes**

Bottom of Form

|  |
| --- |
| Please share any other information you may have for the Conference Support Committee or roommate.  |

|  |
| --- |
| Applicant’s Signature:  |
| Date: |

**Section Two: Faculty Member Support**

I have reviewed the above information and fully support ‘s application for C&P conference support.

|  |
| --- |
| **Faculty/Supervisor Signature:**  |
| **Date:** |
| **Email:** |

|  |
| --- |
| If you wish to add specific information in support of the application, please do so here.  |