



MINORITY PhD PROGRAM
IN MATHEMATICS, SCIENCE AND ENGINEERING
REQUEST FOR SCHOLARSHIP PAYMENT

Name (First, Middle, Last Name) University Name Department

Street Address, City, State/Zip Code Check if address has changed

Telephone Email Check if email has changed

Date of Request Scholar Signature

(By my signature above I certify that the expenses below relate to my PhD studies and that the expenses for lodging and meals associated with professional travel do not materially exceed those shown for the appropriate city on www.gsa.gov/perdiem.)

Semester/Quarter of Payment Request	_____
	Semester/Year
Payment is requested for purposes of: <i>Please break out total amount requested by line items and in whole numbers (to the nearest \$10) below. Please attach supporting documentation for line items greater than \$5,000. All Professional travel expenses must be documented on the Application for Professional Travel Form.</i>	
Tuition/Fees	_____
Books/Journals	_____
Computer Equipment/Software	_____
Direct Research Costs (lab supplies)	_____
Professional Travel	_____
Stipend (please review IRS publication 970)	_____
Other Cost (please specify below)	_____
_____	_____
Total Amount Requested (to nearest \$10)	_____

FACULTY CERTIFICATION

I am the faculty member designated to approve NACME forms for the scholar named above. I have reviewed the information detailed above and hereby certify that the student is in good academic standing and that the request is reasonable and for the purpose(s) for which the grant is intended to be used.

Authorized Program Director/ Faculty Member Name and Title (Print) Signature Date

FOR NACME USE ONLY

Amount Requested _____ Approved _____ Remaining _____

Date Received _____ Approved _____ Approval _____



MINORITY PhD PROGRAM
IN MATHEMATICS, SCIENCE AND ENGINEERING
APPLICATION FOR PROFESSIONAL TRAVEL

Name (First, Middle, Last Name)

University Name

Department

Telephone

Email

Purpose of Travel

Dates of Travel

Destination

Type of Presentation (if applicable)

Poster ____ Presented Paper ____

Other (pl. specify) _____

Travel Budget:

Lodging _____

Transportation _____

Meals/Per diem (if applicable) _____

Conference Registration _____

Other Cost (please specify) _____

Total Amount Requested _____

FACULTY CERTIFICATION

I am the faculty member designated to approve NACME forms for the scholar named above. I have reviewed the information detailed above and hereby certify that the student is in good academic standing and that the request is reasonable and for the purpose for which the grant is intended to be used.

Faculty Name (Please Print)

Signature

Date

Scholar Signature

Date

By my signature above I certify that the expenses below relate to my PhD studies and that the expenses for lodging and meals associated with professional travel do not materially exceed those shown for the appropriate city on www.gsa.gov/perdiem.

Please submit this form with your request for scholarship payment.