



**MINORITY GRADUATE SCHOLARSHIP PROGRAMS  
SLOAN SCHOLAR MULTI-YEAR SPENDING PLAN**

Name (First, Middle, Last Name)

University and Department

Street Address, City, State/Zip Code

Check if address has changed

Telephone

Email

Academic Year 16-17	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 17-18	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 18-19	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 19-20	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			

Scholars must certify by their signature that the expenses indicated on the request are related to their M.S. or Ph.D. studies and that the daily expenses for lodging and meals associated with travel are materially commensurate to those shown for the appropriate city on [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem), or other guidelines for travel established by your institution. By their signatures, the Faculty Advisor and Program Director certify that the scholar is in good academic standing and is currently enrolled in the institution's approved M.S. or Ph.D. program.

Scholar Signature

Date

Faculty Advisor Signature

Date

Program Director Signature

Date

**FOR NACME USE ONLY**

Payment Amount \_\_\_\_\_

Balance \_\_\_\_\_

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Approval \_\_\_\_\_

Please submit this form via fax to 914.539.4032 or electronically via PDF to [sloanphds@nacme.org](mailto:sloanphds@nacme.org) to the attention of Program Manager for Sloan Graduate Scholarship Programs, NACME, Inc.