

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 _____ **Please round all amounts to the nearest \$10** Email _____

Academic Year 20-21	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 21-22	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 22-23			
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 23-24	Fall	Spring	Summer
Stipend			
Books/Journals			
Computer Equip./Software			
Direct Research Costs			
Professional Travel			
Total			
Academic Year 24-25	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, 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 electronically via PDF to sloanphds@nacme.org to the attention of Program Administrator for Sloan Graduate Scholarship Programs, NACME, Inc.