# A.S. Johnson Travel Fund Scholarship – Department of Geological Sciences

# Application Form\*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Undergraduate Graduate (MS or PhD)

Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree (BA/BS/BSG):\_\_\_\_\_\_\_Program GPA: \_\_\_\_\_\_\_

In order to be eligible for the A.S. Johnson Fund Award you **must** have also submitted a Graduate School Research and Travel Support Fund Application for the same time period (i.e. Fall, Spring, Summer).

I have submitted a current Graduate School Research and Travel Support Fund Application (check box if applies)

I have previously received an A.S. Johnson Fund Award during my current program (check box if applies)

I have applied to at least two sources for travel funding outside of the Department (check box if applies)

If so, list the external sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the Travel Related Activity and Location: (“Conference/Meeting/Workshop” or “Research Travel”)

Conference/Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_ (Oral/Poster)

Research Travel Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## External Fellowship/Grant/Scholarship (FGS) Applications

*List the number and amount of awarded and submitted, respectively, for FGS applications (external to the Department). Do not include FGS applications/awards initiated prior to your current degree program.* ***Attach separate sheets, if necessary.***

#Awarded FGS: \_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

#Submitted FGS: \_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Graduate Benchmarks (graduate applicants only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MS Students** |  |  | **PhD Students** |  |  |
|  | Semester† | Date (MM/YY) |  | Semester† | Date (MM/YY) |
| Thesis Proposal |  |  | Dissertation Proposal |  |  |
|  |  |  | Preliminary Exam |  |  |
| Thesis Defense |  |  | Dissertation Defense |  |  |
| Expected Graduation |  |  | Expected Graduation |  |  |

† *For example, if a thesis proposal was completed during the second semester of the degree program, then semester = 2.*

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Application Procedure and Required Documents(See attached A.S. Johnson Travel Fund Application Description and Guidelines)

## Certifications

|  |  |  |
| --- | --- | --- |
| **Applicant** |  | **Advisor** |
| *I certify that if awarded, I agree to present at DGS functions, if requested by the DGS. I also understand that a one-page report describing the expenditures and a “proof receipt” must be submitted to the Scholarship Committee as a condition of this award.* |  | *I certify that the proposed expenditures will support scholarly activities under my direction and that I do not have other support available for the proposed expenditures.* |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ |  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ |