



# SOCIETY FOR PERSONALITY ASSESSMENT

## International Student Travel Grant to the SPA Annual Convention

### APPLICATION FORM

*Application Deadline: November 30 (each year)*

#### SECTION I

*Completed by Student Affiliate*

*(must be a Student Affiliate of SPA)*

1. Student Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Academic Institution \_\_\_\_\_

Year entered graduate school \_\_\_\_\_ Expected graduation date \_\_\_\_\_

4. Title of paper accepted for Annual Convention \_\_\_\_\_

5. Authors (*as they will be listed in the meeting program*) \_\_\_\_\_

\_\_\_\_\_

6. Have you previously received a travel grant from SPA?

No     Yes    If yes, when? \_\_\_\_\_

7. Is other travel money available to you from your academic institution?

No     Yes    If yes, how much? \_\_\_\_\_

8. Please list below estimated costs for your travel to and from the Convention. Only those items listed below will be considered.

Airfare Reimbursement \_\_\_\_\_ Taxis \_\_\_\_\_ Hotel \_\_\_\_\_

Total \_\_\_\_\_

9. Your signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II**  
*Completed by Sponsor*

**Sponsor - Faculty member in Department/Program Where Student is Enrolled**

10. Name \_\_\_\_\_

11. Title \_\_\_\_\_

12. Academic Institution \_\_\_\_\_

13. Daytime Phone \_\_\_\_\_ Best Time to be Reached \_\_\_\_\_

14. Are you a fellow or member or SPA? No Yes

15. To the best of your knowledge, is the information on page 1 (completed by the student)

correct? No Yes If No, please explain \_\_\_\_\_

\_\_\_\_\_

*By your signature you endorse SPA's giving this student a travel grant to the SPA Annual Meeting to present the paper listed on page 1.*

16. Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

**Email or Mail completed form to:**

**Must be received by November 30**

Society for Personality Assessment  
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Falls Church, VA 22044

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