



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
6109 H Arlington Blvd
Falls Church, VA 22044

manager@spaonline.org