



SOCIETY FOR PERSONALITY ASSESSMENT

Student Travel Grant to the SPA Annual Meeting

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 (H) _____ Phone (W) _____ Fax _____ Email _____

3. Academic Institution _____

Year entered graduate school _____ Expected graduation date _____

4. Title of paper accepted for Annual Meeting _____

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 Annual Meeting. Only those

items listed below will be considered. (Car mileage is calculated as [#miles x \$.44] e.g., 100 miles x

\$.44 = \$44.00). Airfare or Car Mileage 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 _____

Mail completed form to:

Society for Personality Assessment
6109 H Arlington Blvd
Falls Church, VA 22044