EOF Student Travel Funding Request and Participation Agreement

This form must be completed and submitted to your Program Specialist to determine overall Program Participation Level.

Term Applying for: ____________
Last Name: ________________  First Name: ________________  Date: ______
Contact Phone#: _____________  Email: ________________
ID#: ________________  Cumulative GPA: __________
Class Standing: Fr__So__Jr__Sr__
Projected Graduation Date: ____________  Total Earned Units: ______

Purpose of Student Travel (Insert reason for travel): □

- A. Conference Attendance
- B. Study Abroad
- C. Workshop
- D. Student Recognition Event

Provide a brief Description with travel dates and times.

Detail of Travel Expenses

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Expense Description</th>
<th>Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________    __________________________
Student Signature          Program Specialist Signature

Office USE ONLY - EOF Participation Level 1, 2, or 3: ____
Program Specialist Recommendation: Recommend  ____  Do Not Recommend  ____
I hereby agree to carry myself with the utmost respect while traveling. I understand that I am representing the TCNJ EOF Program and will adhere to the high standards that are expected of me. By accepting funding assistance from the EOF Department, I agree to meet one or more of the program service terms: (Select Term or Terms)

- Picture or video with narrative of how EOF Makes a Difference
- Video and photo documentation of the event with narrative
- Formal Panel Discussion for EOF students
- Presentation of what I learned in a particular subject / area of expertise

I understand that by not completing the agreed service terms, I may jeopardize further funding opportunities from the EOF program.

In signing this document, I acknowledge that I have had an opportunity to ask questions. I have read and understand the document and accept its terms. I have signed the Participation Agreement knowingly and voluntarily.

- I have read and understand the Participation Agreement Statement
  - Yes

Office USE ONLY - EOF Director Approval

Print Name: __________________________  Signature __________________________  Date _______