

# 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**

Expense Type	Expense Description	Cost	Total Cost
❖			
❖			
❖			
❖			
❖			

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Program Specialist Signature

**Office USE ONLY - EOF Participation Level 1, 2, or 3:** \_\_\_\_\_

Program Specialist Recommendation: Recommend \_\_\_\_\_ Do Not Recommend \_\_\_\_\_

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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 \_\_\_\_\_