PHI LAMBDA UPSILON

Student Travel Grants Application

Please select the type of award requested

 ☐ Student Travel Grant for Scientific Presentat ☐ Student Travel Grant to Promote Phi Lambd 		
Name (Applicant):	email*	
School:		
PLU Chapter:		
Full Name of Meeting:		
Date(s) of Meeting. From:	To:	
Location of Meeting. City:	State:	Country:
Chapter Approval:		
President:	Councilor:	
Signature:	Signature:	
Date:	Date:	
• For a <i>Student Travel Grant for Scientific Presentations</i> : official form of the intended meeting.	Attach a copy of the	Abstract as it appears on the
• For a Student Travel Grant to Promote Phi Lambda Up the proposed activity.	silon: Attach a descri	ption, not to exceed one page, of
Person to whom the Award check** should be made	payable to:	
Name:		
Address:		

^{*}email address of applicant is required

** The Award check will be sent after the awardee has personally verified by email (grimley@elon.edu) that the presentation has been made.