



ALUMNI LOYALTY FUND TRAVEL GRANT AWARD

The Alumni Loyalty Fund Travel Grant Award is supported exclusively by charitable gifts from College of Medicine alumni. The purpose of the Travel Grant Program is to provide funding for College of Medicine students to travel and present at state, national and international conferences.

Awards will be granted based on the following criteria:

- 1) All College of Medicine students in good academic and professional standing are eligible to apply.
- 2) A letter of support from a principal investigator or faculty mentor associated with the presentation is required (a copy should be provided to the Department Chair).
- 3) Confirmation of approved absence by Assistant Dean or Associate Dean for Student Affairs is required.

Awards will be granted on an ongoing basis. There will be a limit of one award per year per student. Students are responsible for all expenses related to travel. Reimbursements will be processed after the student has returned from the presentation and submitted all necessary receipts and documentation. The following are approved reimbursement levels: Regional (NC, SC, and GA) – up to \$300.00, National and International – up to \$700.00. Selection of awards will be confirmed by the Office of Student Affairs in a timely manner following the submission of completed application materials.

Allowable Expenses:

- Presentation materials.
- Air Travel - coach class travel will be reimbursed. If frequent flyer premiums are used, there is no out-of-pocket expense. Therefore, reimbursement can only be made if the cost of the ticket was paid by cash or credit card with valid receipt.
- Meal Expense – Reimbursement based on meal per diem. In-state per diem is \$6.00 for breakfast, \$7.00 for lunch, and \$12.00 for dinner. Out-of-state per diem is \$7 for breakfast, \$9 for lunch, and \$16 for dinner. A conference brochure is required for reimbursement.
- Mileage - currently \$0.53.5 cents per mile for privately owned vehicles. Mileage reimbursement is subject to change without notice, as dictated by current economic conditions.
- Lodging expenses **will not** be reimbursed.

Reimbursement Check List

- Original, Itemized receipts (not scanned copies of the original please) for meals, taxi, shuttle service
- Copy of completed/accepted conference registration form
- Copy of flight itinerary showing all travel times
- Conference announcement or flyers or cover from handout showing conference name, place, dates. If requesting meal reimbursement, the entire conference agenda must be submitted.
- MapQuest depicting roundtrip mileage from your home to your destination and return will determine mileage if driving to event
- Completed W-9 for reimbursement purposes
- After your trip please write a thank you addressed to “Alumni Loyalty Fund donor.” Please be sure to thank them for sponsoring your trip and share some highlights from your experience.**
- This thank you note can be emailed to Adrienne Edge, edgea@musc.edu.**



ALUMNI LOYALTY FUND TRAVEL GRANT PROGRAM APPLICATION

Application must be submitted for approval at least 30 days prior to date of travel.

Incomplete applications will not be reviewed.

Name: _____ MS Year: _____ Graduation Year: _____

SS#: (Required for reimbursement purposes) _____

Address: _____

(Your reimbursement check will be mailed to this address.)

Contact Info: Cell _____ Home _____

Name of Presentation: _____

Name of Mentor: _____ Project Dept: _____

Name of Conference: _____

Date(s) of Conference: _____ Location of Conference: _____

Nature of your participation in conference (i.e., presenter): _____

Required Attachments:

- 1) Confirmation of approved absence by Assistant Dean or Associate Dean for Student Affairs
- 2) Copy of invitation to present
- 3) Copy of abstract or synopsis of presentation
- 4) Letter of support from Mentor or PI
- 5) Budget of all anticipated expenses
- 6) Copy of meeting agenda/schedule

Amount Requested: \$ _____

Other/Departmental Funding: \$ _____

You are strongly encouraged to contact your research mentor to request additional funding for travel support.

Have you received any other travel awards through the College of Medicine within the last 12 months? Yes ___ No ___

If Yes, please give details: _____

Student Signature: _____ Date: _____

Dean's Office Representative's Signature: _____

Submit Applications and Reimbursement Requests to:

Adrienne Edge
COM Dean's Office, Student Affairs
CCET 200 (2nd floor Library)
E-Mail: edgea@musc.edu
Phone: 843-792-1184