Master of Public Health (MPH) Program
Student Travel Award Application

Please Type or Print Neatly.

Name: Provide your complete name.

Title (check one): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Suffix (if applicable): _____

Last/Family Name: _____ First/Given Name: _____

Travel Period and Associated Application Deadline: **Select a funding cycle below. The departure date for the travel experience must be within the timeframe of the funding cycle you select.**

	Funding Cycle	Travel Timeframe	Application Deadline
☐	**I**	January 1st – April 30th	November 15th
☐	**II**	May 1st – August 31st	March 15th
☐	**III**	September 1st – December 31st	July 15th

Experience Details:

Experience Location: _____ Agency: _____

Preceptor: _____ Experience Name: _____

Travel Dates:

Departure: _____ Return: _____

Background Questions about the Experience:

☐ **Yes** ☐ **No** Is this experience capstone related or public health practicum related?

☐ **Yes** ☐ **No** If you are using this travel funding to attend a conference, are you presenting at the conference?

☐ **Yes** ☐ **No** If you are awarded only partial funding from the MPH Program for this experience, will you still be able to attend?

☐ **Yes** ☐ **No** Are you receiving other funding or planning to apply for other funding for this experience?

If yes, list the name of the agency and the amount of funding or anticipated funding.

Agency: _____ Funding Amount _____

Submit the completed form to: Kara Longo at klongo@som.umaryland.edu

If questions arise, email Kara Longo (klongo@som.umaryland.edu).