

**STUDENT LIFE AND DEVELOPMENT  
STUDENT ACADEMIC TRAVEL GRANT APPLICATION  
SPRING 2009 & SUMMER 2009 SEMESTERS**



The Office of Student Life and Development is proud to announce the Spring 2009 and Summer 2009 Student Academic Travel Grant. This grant was made possible for those student's wishing to either enhance their educational experience, i.e, attend conferences, workshops, seminars, lectures, support growth in their academic discipline, be exposed to current trends in their field of study and/or present their thesis and/or senior projects. Students that are interested in applying should do so early. Applications will be accepted through Friday, April 30, 2009. Award decisions will be made beginning Monday, May 18, 2009. Once you have been offered an award, you will have three weeks to submit your receipts. If receipts are not submitted in the three week timeline you will forfeit your award. Please be sure to direct any questions regarding this grant to Mike Jackson at 562-985-5213, Monday thru Thursday from 8am to 7pm. You may also email [mjackso4@csulb.edu](mailto:mjackso4@csulb.edu).

**Things You Should Know**

- You are eligible to receive this grant once per academic year.
- This award is on a reimbursement basis only. You should secure funding for your trip prior to your travel.
- This award can be used to cover conference related fees, registration costs, transportation and lodging.
- Both undergraduates and graduate students can apply.
- Once the evaluation of your application has been completed, you will be contacted by email/mail and/or phone informing you of the decision. If applicable, included in the email/mail will be an award letter which provides instructions on claiming your award.
- Award notifications will be made beginning Monday, May 18, 2009.
- Once notified of an award you will have three weeks to submit your original receipts for reimbursement. If original receipts are not submitted within these three weeks you will forfeit your award. **NO EXCEPTIONS.**
- You may be requested to submit additional documents/materials etc. in order to finalize the payment process.
- You may apply for this grant even if you receive funding from other sources.
- The maximum award per student is \$400.00.
- If you have not traveled by the time the award has been made, you will still have three weeks after your travel has been completed to turn in your original receipts.
- You may be subject to receiving less than your award amount if your receipts equal to less than the award amount. If your receipts exceed the award amount you will only be eligible to receive the award amount.
- Submit receipts only when requested. All receipts must establish proof of payment, for example, clearly showing a zero balance.
- Please turn in receipts that identify you as the payee. If you have joint expenses or have receipts not in your name please provide a written explanation as to why they are not in your name, the contact information for the person(s) actually making payment and their relationship to you.
- All students must complete the General Release of All Claims and Medical Disclosure and Assumption of Risk Form-See Attached.
- All students traveling by air must complete an Air Travel Notification & Release and Hold Harmless Form-See Attached.
- Anticipate a three week processing period after you turn in your receipts before you receive your check.

## **Eligible Travel**

- Travel which enhances your educational experience, i.e., to conferences, workshops, seminars, lectures etc.
- Travel that supports growth in a student's academic discipline.
- Travel that exposes CSULB students to current trends in their field of study.
- Thesis presentations.
- Senior presentations.

## **Ineligible Travel**

- Travel listed on a class syllabus.
- Class Credit for Travel.
- If the student received an award during the prior semester.
- Travel listed on a U.S. Department of State Travel Warning: Centers for Disease Control, Prevention Travel Advisory, Embargo List and/or a World Health Organization listing of "Consideration to postpone all but essential travel" at least 10 days prior to the travel or visit. (<http://travel.state.gov/travel/index.html>) Funding may be used for registration, transportation and lodging.

## **Eligibility Requirements**

- Currently enrolled/matriculated CSULB student at time of application.
- Undergraduates must be enrolled, at time of application, in 12 units and possess a minimum GPA of 2.0 in all work accepted at CSULB during the semester they are traveling.
- Graduate students must be enrolled, at time of application, in 9 units and possess a minimum GPA of 3.0.
- If the student does not have the eligible units, please provide an explanation of why he/she is not enrolled in the required units which must be attached to the application. Once received, the application will have to undergo additional evaluation which may include but not be limited to contacting your department.



## STUDENT TRAVEL GRANT APPLICATION CONTINUED

**Estimate Allowable Expenses:**

Conference Registration: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Lodging: \_\_\_\_\_

\$ \_\_\_\_\_ /Night \_\_\_\_\_ (# nights) \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

**Sources of other funding**

*(If applicable, please complete)*

	Amount Requested	Amount Secured
<input type="checkbox"/> A.S.I.	\$ _____	\$ _____
<input type="checkbox"/> Department	\$ _____	\$ _____
<input type="checkbox"/> Other (Please Specify): _____	\$ _____	\$ _____
Total Funds	\$ _____	

Please check mode of travel (Or all that apply)

Automobile:  
 Private \_\_\_\_\_  
 State Owned \_\_\_\_\_  
 Rental \_\_\_\_\_  
 Other \_\_\_\_\_

Commercial:  
 Automobile \_\_\_\_\_  
 Air Carrier \_\_\_\_\_  
 Train \_\_\_\_\_  
 Bus \_\_\_\_\_  
 Marine Travel \_\_\_\_\_  
 Other \_\_\_\_\_

Total number of CSULB students in your group \_\_\_\_\_ *please attach roster with name, email & campus id*

Total number of CSULB staff in your group \_\_\_\_\_ *please attach roster with name, email & campus id*

Total number of CSULB faculty in your group \_\_\_\_\_ *please attach roster with name, email & campus id*

If there is a group coordinator, please indicate who that person is:

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

If there will be a single person making travel arrangements for your group please indicate who that person is:

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

## STUDENT TRAVEL GRANT APPLICATION CONTINUED

If there will be a single person making travel payments for your group please indicate who that person is

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

The following information must be submitted for each driver

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
Year \_\_\_\_\_  
License# \_\_\_\_\_ Exp. \_\_\_\_\_ State \_\_\_\_\_

*Please attach a copy of your driver's license*

Automobile  
Insurance Co. \_\_\_\_\_  
Policy Limits \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Insurance Exp.  
Date: \_\_\_\_\_

The following information must be submitted for each Passenger  
*(Attach additional sheets if necessary)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

STUDENT TRAVEL GRANT APPLICATION CONTINUED

**Amount Requesting from SLD's Student Travel Grant is:\$ \_\_\_\_\_.**

**(MAXIMUM IS \$400.00)**

**Note: All funding is based on a reimbursement process. Students that receive awards must submit ORIGINAL receipts from their travels within three weeks of being notified.  
(Please submit receipts only when requested to do so)**

**Endorsement: (Note: It is the responsibility of the applicant to obtain the signature of the Department Chair of his or her academic area and that department's stamp)**

Department \_\_\_\_\_ Location \_\_\_\_\_

“I endorse this travel request and verify that the applicant meets the GPA and unit requirements.”

Department Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Department Chair \_\_\_\_\_

Department Stamp Here: \_\_\_\_\_

Department Chair Telephone \_\_\_\_\_ Email \_\_\_\_\_



## CALIFORNIA STATE UNIVERSITY, LONG BEACH GENERAL RELEASE OF ALL CLAIMS

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In consideration of my participation in the voluntary, extracurricular activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, personal injury or death. Accordingly, by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University; California State University, Long Beach; and each and every representative, employee, officer, volunteer, and agent of each of them, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

Field Trip, Voluntary or Extracurricular Activity: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Event Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of Risks Involved with the Activity: **Personal injury or death. Personal property damage.**  
**Personal property loss.**

Participant Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian (if under 18 years of age)

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
Date

**AIR TRAVEL NOTIFICATION FORM  
DOMESTIC AND INTERNATIONAL**

**Attachment G  
Executive Order No. 590**

Dear \_\_\_\_\_  
**(Student's Name)**

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

**Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.**

Dr. Jeffrey Klaus, Director, Student Life &  
Development

\_\_\_\_\_  
Administrator's Name (Please Print)

\_\_\_\_\_  
Administrator's Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I \_\_\_\_\_ am a student at California State University, Long Beach, one of the campuses  
**(Student's Name)**  
of the California State University (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Long Beach, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

**This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian (if under 18 years of age)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, City, State, Zip Code



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

**MEDICAL DISCLOSURE AND ASSUMPTION OF RISK**

**PROGRAM/DATES:** \_\_\_\_\_

**PARTICIPANT:** \_\_\_\_\_

**The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.**

**PERSON TO CONTACT IN EVENT OF EMERGENCY** (parents or nearest relative)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ email: \_\_\_\_\_

**DIETARY RESTRICTIONS:**

Please describe any dietary restrictions (i.e., lactose intolerant, food allergies)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** List all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, must be transported in their original packaging.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assumption of Risk**

**I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.**

The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.

Signature of Participant: \_\_\_\_\_  
Participant's Signature Printed Name Date

Please explain how this academic travel will enhance your educational experience at CSULB. (Please Print)

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Please explain how this academic travel supports growth in your academic discipline. (Please Print)

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Please explain how this academic travel will expose you to current trends in your field of study. (Please Print)

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Please explain how this academic travel will benefit CSULB. (Please Print)

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