



## Educator Travel Grant Application

The intent of the Educator Travel Grant is to help defer the cost of attending the AEG Annual Meeting for educators when an institution is unable to support their attendance. This is a competitive \$500 grant, and will be awarded to at most two applicants based on availability of funds and quality of applications.

- Requirements:**
- ~ Applicant must be a Professional or Teacher Member of AEG.
  - ~ Applicant must be a full time teacher in a 2-year or 4-year college or university.
  - ~ Applicant must complete all parts of this application and submit completed application in accordance with the instructions specified at the end of the second page.

Preference will be give to those attending the AEG Annual Meeting for the first time as an Educator.

**Please print or type your responses to each of the following questions:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Will you be registering for the whole meeting? If not, how many days will you be attending? \_\_\_\_\_

Will you be presenting at the meeting, if so an oral or poster presentation? \_\_\_\_\_

Is your institution 2-year or 4-year college or university? \_\_\_\_\_

How long (years) have you been teaching? \_\_\_\_\_

Name of the Institution \_\_\_\_\_ Department \_\_\_\_\_

What courses have you been teaching? \_\_\_\_\_

How many years have you been a Professional or Teacher Member of AEG? \_\_\_\_\_

Will this be your first annual meeting as an Educator? \_\_\_\_\_

What distance will you need to travel to attend the Annual Meeting? \_\_\_\_\_

Are you involved in your Section (attend meetings, hold a position, visiting professionals program, etc.)? Explain.

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Applicant Name \_\_\_\_\_

Are you receiving any support from your institution or external sources? If so, how much support will you receive?

\_\_\_\_\_

Have you applied for any other support from AEG for this meeting? If so, which? \_\_\_\_\_

AEG would like to thank your chair or supervisor for letting you attend the Annual Meeting. Please submit your Chair or Supervisor's contact information (Name, mailing address, phone number):

Chair or Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Why do you want to attend the Annual Meeting?

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### SUBMITTAL INSTRUCTIONS:

Please submit this application to [contact@aegweb.org](mailto:contact@aegweb.org) by the June 30<sup>th</sup> preceding the Annual Meeting for which this application is being submitted. Notification of grant will be sent by July 15<sup>th</sup>. Upon submittal of expense report (form to be provided by AEG with notification), the treasurer will mail the recipient a check.