FLORIDA CAMPUS COMPACT
INDIVIDUAL TRAVEL SCHOLARSHIP PROGRAM

CONCEPT

Generally, ***we offer scholarships for FCC sponsored events.*** **In addition, individual travel scholarships** are also available to encourage professional development and networking among service-learning practitioners and those who seek to learn more about the scholarship of engagement at non-FCC events.

ELIGIBILITY

Faculty, Administrators, Community Service Directors, Service-Learning Directors, community partners and students from member campuses are eligible to apply for travel funds. These **Individual Travel Scholarships** may be awarded **up to $500 per academic year, per individual with a 1:1 match** from your institution or another source. (Example: Your total expense for one conference is $600. Your school will pay $300 to cover your conference registration and meals and FCC will pay $300 to cover your flight and ground transportation.)

AWARD

Each Travel Scholarship grantee will be awarded funds on a reimbursement basis for lodging, resources, and/or other related travel expenses and subject to Florida State University's travel rules and guidelines. Registration fees may be requested and paid in advance (if you are requesting registration fees be paid, be sure to complete the "event information" section below). All Travel Scholarship grantees will be REQUIRED to submit all appropriate receipts and travel vouchers with original signatures, prior to reimbursement. Travel Scholarships can only be awarded to an individual, NOT to your school.

DEADLINE

DEADLINE FOR SUBMISSION OF EXPENSE REPORTS WITH ORIGINAL RECEIPTS IS 10 WORKING DAYS AFTER RETURNING FROM THE EVENT!

QUESTIONS? NEED MORE INFO?

Email Luciano Ramos at luciano@floridacompact.org or call 850-488-7782.

PRINTABLE APPLICATION SUBMISSION

Please fax completed application to Luciano Ramos at 850-922-2928.

FLORIDA CAMPUS COMPACT
INDIVIDUAL TRAVEL SCHOLARSHIP APPLICATION

Participant Information

Title (Dr. Mr. Ms.) _____

First Name _____

Last Name _____

College/University Name _____

Discipline (if applicable) _____

Position _____

Mailing address 1 _____

Mailing address 2 _____

City _____

County _____

State _____

Zip _____

Phone number _____

Alternate phone number _____

Email _____

FAX (if applicable) _____

Event Information

(complete as applicable)

Name of event participant is attending: _____

Location of event (city, state): _____

Date & time of departure: _____

Date & time of return: _____

Event vendor FEID #: _____

Amount requested or matched for transportation: _____ Amount requested or matched for lodging: _____

Amount requested or matched for registration: _____ Amount requested or matched for food/per diem: _____

Date(s) of Event: _____

Registration check payable to: _____

Registration check remittance address 1: _____

Registration check remittance address 2: _____

Registration check remittance (city, state, ZIP): _____