



Academic Opportunity Fund Application

Submit completed applications
to *nathan.scott@usu.edu*

Do not print this application

Academic Opportunity Fund
TSC 326A
0105 Old Main Hill
Logan, Utah 84322-0105

E-Mail: nathan.scott@usu.edu
Phone: (435) 797-0447
Fax: (435) 797-2919

Policies and Procedures

The purpose of the Academic Opportunity Fund (AOF) is to provide financial support to graduate students who wish to present research, showcase creative work, or compete in an academic competition.

The AOF is sponsored by student fees. AOF policies and procedures are meant to ensure that these funds are used responsibly

Eligibility Requirements

- A. Recipients must be graduate students in good standing with Utah State University
- B. Students must have already been accepted as participants in a reputable academic event
- C. Students must represent Utah State University at said event
- D. The conference must be for the purpose of presenting. That could be a poster, a paper, an exhibition, an academic competition, or a performance.
- E. Students must have received at least \$100 for their presentation or competition from a Utah State University department, college, and/or other university source
- F. The cost of food (per diem) *and* 10% of the total trip cost must be covered by the students themselves either out of pocket or through fundraising. University donations will not be considered fundraised dollars
- G. A *complete* application must be submitted less than six months and more than four weeks prior to travel to the event
- H. Only current (at the time of the conference), matriculated students at the Logan Campus in good standing can receive funding

Fulfilling the eligibility requirements does not guarantee funding

Application Requirements

- A. Applications will not be considered if any field is left incomplete (type N/A in inapplicable fields)
- B. A copy of the research abstract or competition summary must be attached
- C. Proof of acceptance to the conference/competition must be submitted at least four weeks prior to travel to the event
- D. Before the presentation to the Allocation Committee the Senate Pro Tempore will verify eligibility and conference registration/acceptance
- E. Students are expected to seek out the least expensive reasonable options. Prices will be checked.

Presentation to Allocation Committee

- A. If all eligibility requirements are met, candidates will be invited by the Senate Pro Tempore to present to the AOF Allocation Committee
- B. Presentations will be held in the Academic Senate Chambers (TSC 336) or via Zoom at the discretion of the chair.
- C. Presentations will be limited to five minutes.
- D. Presentations must include
 - a. A brief explanation of the research abstract
 - b. An extended explanation of the trip budget (as outlined on p. 4 of this application)
 - c. A question and answer period
 - d. An identical copy of the budget (page 6) must appear in the slideshow.

Use of Funds

- A. Expenses that AOF may cover
 - a. Conference registration fees
 - b. Travel to conference destination
 - c. Lodging at conference destination

- d. Travel within destination city
- B. Expenses that AOF will not cover
 - a. Food (per diem)
 - b. Employment of individuals (accompanists, judges, etc.)
 - c. Non-related expenditures during travel (tours, concerts, etc.)

Disbursement of Funds

- A. Funding is limited and will be awarded on a first-come, first-served basis
- B. No individual will be awarded more than \$500
- C. No group will be awarded more than \$2000
 - a. A group is defined as four or more people
- D. Precedence of disbursement is not a determining factor for the AOF Committee.
- E. Distribution is arranged through the Student Involvement and Leadership Center (SILC) and the student's department. A Travel Authorization (TA) must be completed through the student's department business manager before travel.

For more information contact your college senator or Nathan Scott in the SILC:

Nathan Scott (435) 797-0447 nathan.scott@usu.edu

By signing your name on the applicant information section, both individuals and groups acknowledge they have read and agree to the policies and procedures of the Academic Opportunity Fund.

Participant Information & Signature

I certify that all information contained within this document is complete and accurate. I understand that if I fail to attend the conference for which I am awarded funds, I will be required to repay the funding in full. Failure to repay will result in a general hold being placed on my university records.

I understand that funding is limited. Travel awards are not guaranteed to every applicant.

If traveling outside the United States:

As a condition of accepting this award, I agree that I will use a portion of the proceeds to purchase International Travel Insurance through the University Risk Management office. The Risk Manager can be contacted at 435-797-1844 and the office is located in MAIN 155.

I have read and understand all other requirements and instructions as found in the Academic Opportunity Fund Policies and Procedures.

Individual Applicant (or contact person if applying in a group)	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

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Conference Information

Conference title (no acronyms):
Conference sponsor:
Location (city, state):
Dates of conference:
Dates of travel:
Title of Presentation:
Form of presentation: ☐ Poster ☐ Paper(presentation) ☐ Exhibition(art) ☐ Academic Competition ☐ Performance ☐ Other
If other, explain:

Please include a short description of the event:
Please describe what your role at the event will be:
Please describe how this experience is directly related to your field of study and how it will enhance your educational experience:
Please include any other pertinent information:

Funding Information and Budget

Expenses that AOF may cover

- Conference registration fees
- Travel to conference destination
- Lodging at conference destination
- Travel within destination city
- Other conference related costs

Expenses that AOF will not cover

- Food (per diem)

Conference Expenses				
Acceptable AOF Expenses	Description of expense; Airline, car rental company, hotel, conference registration, etc.	Cost per Item	Quantity (total number of item(s) needed)	Line Total
Airfare				
Cost of lodging				
Travel within destination city				
Conference registration fee				
Other conference related expenses				
Total trip cost:				

*An identical copy of this budget must appear in the slideshow presentation to the AOF committee

Funding Information and Budget

Personal/Fundraising Contributions

(minimum 10% of total trip cost)

Amount Required		
Personal Contribution		
Fundraising Contributions (if applicable)		
Source 1		
Amount		
Contact Name		
E-mail		
Phone		
Source 2		
Amount		
Contact Name		
E-mail		
Phone		
Total		
(10% or greater)		

University Contribution

Mandatory Department or College Source Amount (\$100 minimum)		
Contact Name		
E-mail		
Phone		
Secondary Department or College Source Amount		
Contact Name		
E-mail		
Phone		
Total		
(\$100 minimum)		

AOF Request

Amount requested from AOF	
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** For Office Use Only **

Date Received	
Date Approved	
Date Denied	
Award Amount	
Date Awarded	
Notes	

Administrative Information & Signatures

Research Professor	
Name	
E-mail	
Phone	

Department Head	
Name	
E-mail	
Phone	

I certify that all information contained within this document is complete and accurate.

Research Professor Signature

Date

Department Head Signature

Date

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Group Information & Signatures

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

The following pages are for groups only. All group members must agree to the obligations outlined on page 6. Attach extra pages where necessary.

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Group Information & Signatures

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

Signature

Date

Group Member	
Name	
College & Department	
A#	
E-mail	
Phone	
Are you an graduate student?	☐ Yes ☐ No

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