

College of Nursing (CoN) Research Travel Grant Application

Eligibility	<ul style="list-style-type: none"> • Assistant or Associate Tenure/Tenure-track faculty. • Faculty may receive one award per year, pending availability.
Amount	<ul style="list-style-type: none"> • Funds up to \$2500 per award may be requested.
Award Criteria and Dates	<ul style="list-style-type: none"> • Applications will be accepted and reviewed on a rolling basis by the Associate Dean of Research (ADR) leadership team. See below for deadlines. • You must be the person presenting the paper. • Applications will be scored based on conference merit and potential value to the individual and College of Nursing. <ul style="list-style-type: none"> ○ In general, higher merit will be given to those who are presenting peer-reviewed submissions at national or international conferences. ○ We will also prioritize assistant professor applicants with no alternative sources of adequate conference support outside the Provost Faculty Travel Grant. • All applicants seeking this internal research travel grant must apply each year for the Faculty Travel Grant through the Office of the Provost. • The final grant amount will be contingent upon the available funds and the financial resources accessible to the applicant. We anticipate funding at least two awards each semester, pending funds availability. <ul style="list-style-type: none"> ○ Value to the Institute on Digital Health and Innovation (IDHI) will also be considered for travel and conferences related to digital health.
Additional Requirements	<ul style="list-style-type: none"> • Those who receive the award will be required to provide a written report (no more than 1 page) within 4 weeks of the conference of how attendance at the conference impacted them. <ul style="list-style-type: none"> ○ e.g., What did you learn? Who did you meet? What are you going to do next?

Travel Occurring	Application Deadline (same year of travel)
Jan 1-June 30 (Spring) July 1-Dec 31 (Fall)	March 15 October 15

Should you wish to proceed, kindly proceed to the application on the next page. Please ensure submission of an acceptance/invitation letter or email (*required*) along with your application.

Applicant Information

Full Name	
Application Date	
Faculty Rank	(select)
Have you applied for the Provost Faculty Travel Grant within the current academic year?	(select)
<i>To be considered for travel funding, all applicants must first apply for the Faculty Travel Grant through the Office of the Provost.</i>	Application date: Application outcome: Pending

Conference Information

Peer Reviewed Conference Name	
Conference Website	
Conference Location	
Conference Dates	
Registration Dates <i>(please enter registration deadline/s)</i>	Early Bird: Regular:
Travel dates	<input type="checkbox"/> Spring <i>(January 1 - June 30)</i> <input type="checkbox"/> Fall <i>(July 1 - December 31)</i>
Conference type	(select)
Presentation type	(select)

Cost of Attendance

Hotel <i>(cost per day x # of nights)</i>	
Airfare/Mileage	
Conference Registration	
Per Diem <i>(# of days)</i>	
Transportation <i>(taxi or rental car fees)</i>	
Miscellaneous <i>(e.g., presentation materials)</i>	
Do you have any other funding sources to cover this travel? <i>(e.g., start-up funds, grants with travel funds)</i>	(select)

Benefit to Individual/College of Nursing/Florida State University

Please describe your role at the conference (oral or poster presenter, panel moderator, invited speaker, etc.), any specific educational or networking events planned, and how conference attendance will further your research career/portfolio and benefit the College of Nursing.

Acknowledgment

REQUIRED. Applications submitted with an incomplete Acknowledgment field will be returned to the applicant.

I hereby acknowledge that I am responsible for any fees not covered by the final award amount. In the event there is a balance remaining after the final award amount is applied, I plan to use the following source(s) to cover these costs:

- Start-up funds: (enter start-up account #)
- Personal funds (i.e., reimbursements): (enter personal funds account #)
- Other: (enter other account #)

Signature:

Date:

SUBMIT