



**RESOURCE ACCESS PROJECT (RAP)
APPLICATION FORM**



PAGE ONE - FOR STUDENT

STUDENT PROCEDURE :

1. Fill out only the first page of this application with ALL information requested and have your advisor fill the second page (incomplete applications will not be processed)
2. Attach **original receipts for expenses claimed to GSO**, including original boarding pass stubs. (Attach **copies** of receipts for expenses being paid for by all other funding agencies, in addition to any **vouchers** or other forms completed to obtain outside reimbursement)
3. Provide a **copy of the Conference/Event Program** demonstrating proof of presenting a paper, a work of art, etc.
4. Have your program director/advisor complete page two of this application
5. **If you wish to have the check mailed to you:** attach a self-addressed, stamped envelope to this application.
6. For conferences taking place during intersession, attach **proof of enrollment for the following semester**

Name (printed): _____ Student ID#: _____

Department & Program: _____

Mailing Address: _____

Email: _____ Phone #: _____

Description of Conference/Program _____

Date of Program: _____ Destination/location: _____

Date of Application (file application only AFTER conference): _____

Amount requested from GSO: (not to exceed \$350): _____

ITEMIZED STATEMENT OF EXPENSES:

*** Original Receipts Required - Copies of Receipts for Expenses Claimed to GSO Will Not Be Reimbursed ***

CLAIMED TO GSO :

CLAIMED TO / PAID FOR BY OTHER AGENCY _____ :

Travel: _____

Travel: _____

Lodging: _____

Lodging: _____

Meals: _____

Meals: _____

Other: _____

Other: _____

Total: _____

Total: _____

Please choose one of the following:

If you have received any monetary reward, gift or payment (i.e., honorarium) for participation in this event, please indicate the amount you received and the nature of the payment. _____

_____ I hereby certify that I have not received any net monetary gain for my participation in this event.

By submitting this application, I attest under penalty of perjury that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will repost any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.

Applicant Signature: _____ Date: _____

Applicant name (printed): _____ Date: _____



**Stony Brook
University**

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PAGE TWO - FOR GRADUATE DIRECTOR/ADVISOR

GRADUATE DIRECTOR/ADVISOR PROCEDURE :

1. Review the information provided by the student/applicant on the preceding page and verify for accuracy
2. Indicate the **source(s) and amount(s)** of additional funding being provided by any other funding agency in relation to the conference/program listed by the student on page one of this application
3. Review the certification statement, below, and provide your contact information where indicated
4. Return the completed form to the student/applicant

ADDITIONAL FUNDING (Check One):

Available funds from department or other agency will not cover the entire cost

Please indicate **source** of available funds (copies of receipts for these expenses required): _____

Please indicate the **amount** of money available: _____

Please attach an **itemized statement** showing which expenses these agencies paid / will pay for.

Funds for this project/program are not available from the student's department or any another agency

By submitting this application, I attest under penalty of perjury that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will also repost any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.

I hereby certify that the information provided on both page one and two of this application is true and correct.

Graduate Director/
Advisor **Signature:** _____ Date: _____

Graduate Director/
Advisor **Name Printed:** _____ Date: _____

Job Title/Position: _____

Relationship to Student/
Applicant: _____

Address: _____

Phone Number: _____