GRANTS FOR TEACHING AND CLINICAL FACULTY ATTENDING ACADEMIC CONFERENCES

Name:

Department:

Conference:

Conference Dates:

**Budget:**

Registration:

Lodging:

Travel:

Meals:

Other:

Total expenses:

Total amount requested from the CFH:

Please list previous year(s) you received this grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Courses Taught at Loyola** (over up to the last three years):

**Chair’s Support:**

By signing below, the Chair attests 1) that the faculty member is currently on a year-long contract and 2) that this conference is a legitimate academic conference which will significantly further the faculty member’s research or teaching agenda.