

## Trans\* Travel Fund

*Please submit completed 2-page application to Jes Boon, [jboon@email.unc.edu](mailto:jboon@email.unc.edu)*

Name \_\_\_\_\_

Pronouns \_\_\_\_\_

Name on bank account (for disbursement of funds) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career Stage/Professional Title \_\_\_\_\_

University Affiliation or Doctoral Program \_\_\_\_\_

Conference Name, Location, and Date \_\_\_\_\_

\_\_\_\_\_

Title of Paper \_\_\_\_\_

\_\_\_\_\_

Paper Accepted      Proposed

Title of Session (if applicable) \_\_\_\_\_

\_\_\_\_\_

*Budget Breakdown (fill in estimated total cost of each)*

Travel \_\_\_\_\_

Housing \_\_\_\_\_

Total Cost \_\_\_\_\_ Total Grant Requested (max \$250) \_\_\_\_\_

Have you received a Trans\* Travel Fund before? If so, give year: \_\_\_\_\_

*Our standard practice is to announce SMFS award winners on the med-fem email list, our website, and social media, using names and pronouns provided on the first two lines.*

*If you wish to opt out, please check here:*

*Abstract of Paper*

*Narrative Identifying Need (200-300 words)*