

Trans* Travel Fund

Please submit completed 2-page application to Jonathan Hsy, jhsy@email.gwu.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)