



SMFS

Society for Medieval Feminist Scholarship

Trans* Travel Fund Application

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) _____

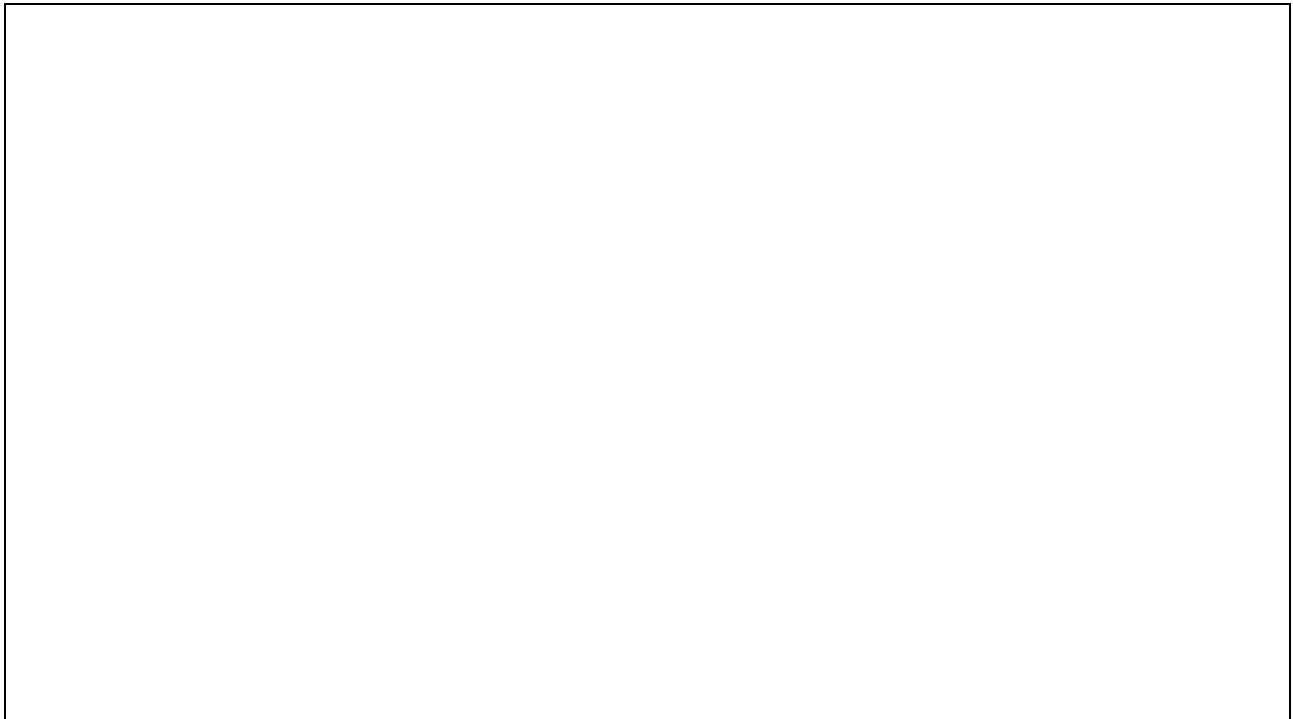
Have you received a Trans*Travel Fund award before? If so, give year: _____

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:

A large, empty rectangular box with a thin black border, intended for the abstract of the paper.

Narrative Identifying Need (200-300 words)

A large, empty rectangular box with a thin black border, intended for the narrative identifying need.