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:

Narrative Identifying Need (200-300 words)