

**Personal Information:**

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Degree, Program, Department: \_\_\_\_\_ Years at CIIS: \_\_\_\_\_

**Student requesting additional support from:**

CIIS Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Amount Requesting: \_\_\_\_\_

**Award Information:**

Title of Conference: \_\_\_\_\_

Title of Presentation/Abstract: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Conference: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Personal Information:**

Student Alliance Verification

Student was granted \$ \_\_\_\_\_ on // \_\_\_\_\_.

Total Funds Requested: \$ \_\_\_\_\_ on // \_\_\_\_\_.

Student Alliance Coordinator Signature: \_\_\_\_\_