

MCJA Graduate Student Travel Scholarship Application Form

This form must be completed by the **graduate student** applying for the Graduate Student Travel Scholarship (GSTS).

Due by July 15th, completed applications should be sent to mcja@mcja.org with
"Graduate Student Travel Scholarship" in the subject line.

1. Name: _____
2. Institution: _____
3. Degree program in progress:
 - Master's
 - Ph.D.
4. Title of Project: _____
5. Please describe your specific contributions to the project (300-500 words):

6. Describe additional ways that attending the conference will benefit your professional development (e.g., networking, feedback on research, job market preparation, mentorship opportunities, etc.) (300-500 words):

7. Are you the presenting author?
 - Yes
 - No
8. Conference Participation
 - First time presenting at MCJA
 - Previously presented at MCJA
9. Have you ever received an MCJA student travel scholarship (i.e., GSTS or STS) before?
 - Yes – Year received: _____
 - No
10. Are you a current MCJA member?
 - Yes – Member since (year): _____
 - No

Proof of Student Status

Please include in the space below proof of graduate student status (e.g., copy of enrolled courses, transcripts, or email from a faculty member verifying you are enrolled in at least one [1] graduate credit hour during the conference semester/term; screenshots that include student name, semester, & enrollment status are acceptable).

Student Certification

By signing below, I certify that the information provided in this application is accurate to the best of my knowledge. I understand that the MCJA Graduate Student Travel Scholarship is intended to support student participation in the conference and that any awarded funds must be used for conference-related travel expenses.

Student Name: _____

Signature: _____

Date: _____

Faculty Advisor Verification

As the faculty advisor and/or co-author, my signature below confirms that the student listed above has made a meaningful contribution to the project and that the information provided in this application is accurate to the best of my knowledge.

Faculty Advisor Name: _____

Signature: _____

Date: _____