**ISPOR Student Chapter Activity Grant Application**

**NOTE:** Please submit the application to studentnetwork@ispor.org once it is completed and allow up to two weeks for processing. chapters may apply for two activity grants during the year due to availability of funding.

**Covered Expenses: Not Covered:**

|  |  |
| --- | --- |
| **Participant Travel Expenses** (air, taxi, hotel, train, tolls, mileage, etc.) | **Social events** (i.e. admission tickets, sporting events, etc.) |
| **Refreshments** | **Honorariums** (speaker fees/gifts) |
| **Gifts** (educationally focused only i.e. books, pens) | **Toys** |
| **Equipment for health events (**BP Monitors, Sugar/Glucose Monitors, etc.) | **Postage** |
| **Registration materials** (handouts, name badges, etc.) | **Bank fees** |
| **Meeting/Event related expenses** (room rental for meeting space) | **Icebreaker activities** (not educational in nature or are outside the scope of HEOR) |

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Event:**

[ ]  Educational

[ ]  Fundraiser

[ ]  Networking

[ ]  Prospecting (must include an educational component)

[ ]  Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Information:**

**Requested Amount:** [ ]  $100 [ ]  $200 [ ]  $300 [ ]  $400

**Check made payable to:** ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Check must be made payable to the University/Student Chapter)

**Address for check to be mailed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-More-**

[ ]  Check here if your Student Chapter **DOES NOT** have a bank account

**Please Note:** If an international student chapter cannot establish a bank account due to banking restrictions within their country, monies can be issued directly to the University or Student Faculty Advisor for disbursement.

**Activity Description:**

Provide a detailed description of the Chapter Activity to be funded. Please note, funds received from Chapter Activity Grants can only be used for supported activities

**(See above Application Guidelines for details of covered and not covered activities/expenses).**

|  |  |
| --- | --- |
| **Date of event:**  |  |
| **Location:**  |  |
| **Anticipated Attendance:**  |  |
| **Detailed Event Description** |  |
| **Event Objectives:** |  |

**Itemized budget:**

|  |  |  |
| --- | --- | --- |
| **Item Description** | **Total Cost** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please Note:** Within 30 days after the event, a short-written summary describing the event must be submitted to the ISPOR Student Newsletter Committee Chair. Please feel free to include photographs. The summary and photographs will be published in the ISPOR Student Newsletter and you should share a summary of the event with the Social Media Committee as well. If you have any questions or concerns please contact the ISPOR Student Network Chair and studentnetwork@ispor.org.

[ ]  By checking this box, I acknowledge that this Application has been completed with the knowledge of my student chapter and faculty advisor. If funding is received, I agree that our chapter will write a summary of the event for the ISPOR Student Newsletter and the ISPOR Student Facebook Group.

Chapter President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 **(Signature)**

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 **(Signature)**