



**RESOURCE ACCESS PROJECT (RAP)  
APPLICATION FORM**

PAGE ONE - FOR STUDENT

STUDENT PROCEDURE :

1. **Fill out** only the first page of this application with ALL information requested and have your advisor fill the second page (incomplete applications will not be processed)
2. **Attach original receipts for expenses claimed to GSO**, including original boarding pass stubs. Attach **copies** of receipts for expenses being paid for by all other funding agencies, in addition to any **vouchers** or other forms completed to obtain outside reimbursement
3. **Provide a copy of the Conference/Event Program** demonstrating proof of presenting a paper, a work of art, etc.
4. **Have your program director/advisor complete** page two of this application
5. **If you wish to have the check mailed to you:** attach a self-addressed, stamped envelope to this application.
6. For conferences taking place during intersession, **attach proof of enrollment for the following semester**
7. **The GSO Fiscal Year is July 1 – June 30; the FINAL deadline for applications for conferences during a fiscal year is approximately 2 weeks after the last day of that fiscal year; check [www.sbgso.org](http://www.sbgso.org) for details. You may receive a maximum of \$275 in RAP reimbursement during the current fiscal year.**

Name (printed): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Department & Program: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title of Conference/Program \_\_\_\_\_

Date of Program: \_\_\_\_\_ Destination/location: \_\_\_\_\_

**Amount requested from GSO: (not to exceed \$275):** \_\_\_\_\_

**ITEMIZED STATEMENT OF EXPENSES:**

**\* Original Receipts Required - Copies of Receipts for Expenses Claimed to GSO Will Not Be Reimbursed \***

**CLAIMED TO GSO:**

**CLAIMED TO / PAID FOR BY OTHER AGENCY:**

Travel: \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Total:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**By submitting this application, I attest under penalty of perjury that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will repost any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant name (printed): \_\_\_\_\_ Date: \_\_\_\_\_



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**PAGE TWO - FOR GRADUATE DIRECTOR/ADVISOR**

**GRADUATE DIRECTOR/ADVISOR PROCEDURE:**

1. **Review the information** provided by the student/applicant on the preceding page to verify accuracy.
2. **Indicate the source(s) and amount(s)** of additional funding being provided by any other funding agency in relation to the conference/program listed by the student on page one of this application.
3. **Complete the certification statement**, below, and provide your contact information where indicated.
4. **Return the completed form** to the student/applicant,

**ADDITIONAL FUNDING (Check One):**

- Available funds from department or other agency will not cover the entire cost  
 Please indicate **source** of available funds (copies of receipts for these expenses required): \_\_\_\_\_  
 Please indicate the **amount** of money available: \_\_\_\_\_  
 Please attach an **itemized statement** showing which expenses these agencies paid / will pay for.
- Funds for this project/program are **not** available from any other source besides the GSO

**By submitting this application, I attest under penalty of perjury that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will also repost any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.**

**I hereby certify that the information provided on both page one and two of this application is true and correct.**

Graduate Director/  
Advisor **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Director/  
Advisor **Name Printed:** \_\_\_\_\_ Date: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Relationship to Student/  
Applicant: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

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