

## **Student Talent Development Application**

Please allow 30 days for processing application

♦ Student Name -OR-	(Mr. or Miss)		• NUID#	
• • • • • • • • • • • • • • • • • • • •			◆ Advisor	
♦ Address-Local			◆Phone	
♦ Address-Permar (If applying for seve	nent_ eral students, attach list of student na	ame, local address	, permanent address and NUID)	
Name of Confe	rence, Activity or Trip:			
♦DatefbŁcZ9 j Yk	ohSSSSS	S_ ◆#Location	n:''	
Description of A	Activities:			
◆Anticipated ber	nefit to the student and/or ur	niversity:		
♦ Anticipated <u>tota</u>	al funding required for trip:	Travel Lodging Meals Registration Other Total	\$  \$	
♦ Amount of funding requested from Talent Funds:			\$	
	I amount of funding REQUES ices rendered, or enter "NO		NTED from ANY SOURCE, including Dean/Foundation)	
Applicant's Signa	ature		Date	
Department Chair's Sig	nent Chair's SignatureDean's Si		gnature	
Amount of fundi	ng approved			
, another funding	approved		Vice Chancellor's Signature and Date	

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If applying on behalf of a group of students, fill out following information for each student if student will receive payment from UNK.

If student will not receive a direct payment, but payment for registration, travel, etc., will be made on BEHALF of the student for the trip, then a list of the students participating will suffice - addresses and ID numbers are not required.

Name	NUID number	Permanent Address	Local Address