

ATWCD Travel Scholarship Application
(National Meetings Only)

District Director Name: _____

Address: _____

City: _____ Zip: _____

Email : _____ Phone Number: _____

District Name: _____

District Contact: _____

District Email: _____ Phone Number: _____

National Meeting you plan to attend : _____

Please provide your best estimate of travel expenses. Travel expenses will be reimbursed at a rate of 75%, and cannot include meals. Once you return from the meeting you will need to fill out a final reimbursement form and include copies of all receipts and submit within 30 days of the travel.

Registration: \$ _____ Lodging :\$ _____

Parking :\$ _____ Taxi:\$ _____

Mileage: - .535 per mile \$ _____

Airfare: \$ _____

Office use only

Date received : _____

Approved : _____

District Director/ District Notified: _____