



**EASTERN KENTUCKY UNIVERSITY**

*Serving Kentuckians Since 1906*

429 Bert Combs Building  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3102

**Student Application for Financial Assistance**

Name: \_\_\_\_\_

EKU ID \_\_\_\_\_

Program (please circle):      Mental Health      School Counseling      Doctoral

Conference You Plan on Attending: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Level of Participation

Are you presenting?                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you representing an organization or association? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe what organization or association \_\_\_\_\_

Are you receiving an award or other recognition? \_\_\_\_\_ Yes \_\_\_\_\_ No



**Anticipated Cost Needs**

Registration Costs: \_\_\_\_\_

Lodging Costs (if applicable): \_\_\_\_\_

Transportation Costs (if applicable): \_\_\_\_\_

Total Anticipated Cost: \_\_\_\_\_

Do you anticipate receiving financial assistance from other sources?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe the sources and the amount of anticipated financial support:

\_\_\_\_\_

In a concise paragraph please describe how your participation at this conference will help to promote the ECU Department of Counseling and Educational Psychology.

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

(Please note: Turn-around time for faculty decision is approximately 2 weeks)

