

**A.** A designated primary submitter should complete the request on behalf of yourself or the group and include the following:

- Full names and class years of all participating students
- Each individual's role (Presenter, Attendee, or both)
- A clear breakdown of total costs and how they are divided per student
- Individual cost estimates for lodging, travel, and registration
- Supporting documentation for all shared and individual expenses
- Funding is determined on an individual basis and reviewed by SGA, even when submitted as a group.
- Failure to submit as a combined request for the same conference may result in delays or denial of funding.

**Multiple Travelers (Conference – Mixed Roles)**

**I am requesting funding for:**

Conference

First Name: John

Last Name: Doe

Class Year: 2027

E-mail Address: jdoe@rowan.edu

Phone: (555) 555-5555

**Conference Details:**

Conference Name: American College of Physicians Internal Medicine Meeting

Sponsoring Organization: ACP

Conference Type: National

Location: Boston, MA

Dates: April 10–13

**Names of students presenting:**

John Doe, Class of 2027 (Presenter); Mark Greene, Class of 2027 (Presenter)

**Names of students attending:**

John Doe, Class of 2027; Mark Greene, Class of 2027; Adam Stoke, Class of 2028

**Educational objective:**

Clinical updates and research presentation

**How does this contribute:**

This conference allows us to present our research while gaining exposure to evidence-based clinical updates in Internal Medicine. It will enhance our clinical knowledge and provide valuable networking opportunities with residency programs.

**Role:**

Presenter / Attendee

**Hotel/lodging:**

Number of nights: 3

Cost per night: \$240.00

Total anticipated lodging costs: \$720.00

(UPLOAD: hotel confirmation or estimated pricing)

**Travel information:**

Mode: Train + local transportation

Total anticipated cost: \$180.00

(UPLOAD: train ticket screenshot)

**Registration fee:**

\$150 each

(UPLOAD: registration confirmation)

**TOTAL COST:**

\$1,350.00

**I have reached out or plan to reach out to other clubs for additional funding:**

Yes

**Confirmed Additional Funding Awards:**

Internal Medicine Club – \$200 (supports student engagement in IM education and conferences)

**TOTAL AMOUNT REQUESTING FROM SGA:**

\$1,150.00

Please upload your funding request presentation. We recommend sharing your presentation as a PDF file.

**Please confirm your understanding of the following (you must check all boxes):**

I understand that funding is not guaranteed and is subject to SGA approval.

I understand funding can only be reimbursed for eligible expenses and requires itemized receipts

I agree to submit all required documentation for expenses within 14 days after the conference

I am a Rowan-Virtua SOM student in good standing.

I attest that all information submitted is accurate and affirm my understanding for my eligibility.