

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.

Single Traveler (Conference – Attendee Only)

I am requesting funding for:

Conference

Please complete the following information:

First Name: John

Last Name: Doe

Class Year: 2028

E-mail Address: jdoe@rowan.edu

Phone: (555) 555-5555

Please provide the following details:

Conference Name: American Academy of Family Physicians National Conference

Sponsoring Organization: AAFP

Conference Type: National

Location (City, State/Country): Kansas City, MO

Dates (Start-End): July 24–26

Names of students presenting and class year:

N/A

Names of students attending and class year:

John Doe, Class of 2028

Educational objective of this conference:

Exposure to primary care innovations and residency preparation

How does this conference contribute to your medical education and career goals?

This conference will provide exposure to current trends in Family Medicine, including preventative care and patient-centered management. I will also have the opportunity to network with residency programs and attend clinical workshops that will strengthen my clinical reasoning and preparation for future rotations.

Please indicate your role:

Attendee

Please provide hotel/lodging arrangements:

Number of nights: 3

Cost per night: \$185.00

Total anticipated lodging costs: \$555.00

Please upload your hotel confirmation document.

(UPLOAD: screenshot of hotel booking or estimated pricing)

Travel information:

Mode of transportation: Flight + rideshare within city

Total anticipated cost: \$280.00

Please upload your transportation cost breakdown.

(UPLOAD: screenshot of flight price)

Registration fee:

\$95

Please upload your registration receipt.

(UPLOAD: confirmation email or screenshot)

TOTAL COST:

\$930.00

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

Yes

Confirmed Additional Funding Awards:

Planning to reach out to Family Medicine Interest Group (FMIG) and R-SIGN for additional support

TOTAL AMOUNT REQUESTING FROM SGA:

\$930.00

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 affirms my understanding for my eligibility.