

Florida Association for Food Protection

Student Travel Scholarship Application

**Applicant information**

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| Name of Applicant: | | | |  | | | | | | Date: | |  | | | |
| University: | |  | | | | | | | | | | | | | |
| Department: | |  | | | | | | | | | | | | | |
| Home Address | | |  | | | | | | | | | | | | |
| Home Address2 | | | *Enter address* | | | | | | State: | |  | | Zip: | |  |
| Phone |  | | | | | Email: | |  | | | | | | | |
| Student status (Graduate/undergraduate) | | | | |  | | Expected Graduation date | | | | | | |  | |

* FAFP Member (check box) Yes /No
* Include copy of approved abstract that will be presented at conference
* Application sent to [executive.board@fafp.net](mailto:executive.board@fafp.net)
* Applications are Due **June, 17, 2025**

## Statement of interest:

* Reason for attending the conference and events you will be involved in at the conference, if applicable.
* How the ability to travel to IAFP 2025 will benefit your research and what experiences are you hoping to gain from this conference.
* Detail what financial support (including dollar amount) is needed for you to attend the conference that is not currently covered by other funding. Expenses could include airfare, hotel, meals, and conference/ workshop fees.

## Verification

I confirm to the best of my knowledge that the above information provided is accurate. I understand that failure to provide true and complete information may result in the withdrawal of the scholarship.

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Applicant Signature Date