

**Northwest Native American Research Center for Health
 Summer Research Training Institute for American Indian and Alaska Native Health Professionals
 June 9-27, 2008**

Travel Scholarship Application

Deadline May 9, 2008

First Come First Served—priority will be given to American Indian/Alaska Native Graduate Students.

Name: _____ Student Yes [] No [] at: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tribe/Organization: _____

Phone: _____ Fax: _____ Email: _____

I am requesting a travel scholarship to attend:

Class: _____ Date(s): _____

Class: _____ Date(s): _____

Class: _____ Date(s): _____

Training Locations: Northwest Portland Area Indian Health Board, 527 SW Hall, Suite 300, Portland, OR 97201 and/or Oregon Health & Science University, Portland, Oregon.

I understand NW NARCH can assist with federally allowable expenses (travel, hotel, per diem, mileage, ground transportation) not to exceed \$1,000. By requesting travel assistance, I hereby agree to the following:

- If I am going to utilize the funds for commercial travel (air, train, bus), I will call or e-mail Luella Azule at (503) 228-4185 x 275 or e-mail summerinstitute@npaihb.org for a purchase order number. After I obtain a purchase order and project code, I will call Travel by Terri at (503) 481-3590 or e-mail terri@travelbyterri.com to make my commercial travel arrangements.
- I will use my personal credit card, if required, when making my lodging reservations and will ask for the federal government rate.
- I will submit all my original receipts for everything but mileage and meals, along with a travel report, within ten working days after the event.

By signing this Travel Scholarship Agreement, depending on fund availability, I understand the NW NARCH may provide me with a full or partial travel scholarship. I also understand that I will be reimbursed only for the Federally Allowable expenses contingent upon providing the NW NARCH with the required travel report and receipts.

Signature: _____ Date: _____

For official use only:

Approved: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Travel	Hotel	Taxi/Shuttles	Per diem	Mileage
Amount:					