The Dean’s Office has a limited amount of funding which is used to support students who would like to attend a conference.

Applications may be submitted:
- by email to Susan Lewis (slewis2) or
- in person in the Dean’s Office, Parrish East 140

There is no guarantee that a conference funding request will be approved for funding. The Dean’s Office encourages you to choose carefully the conference you are hoping to attend. If approved, the office will fund only one conference per academic year for an individual student or group of students.

It is recommended that groups limit the number of participants given the maximum reimbursement for a student group is a set amount regardless of the group size. Three or more students attending the same conference will be considered to constitute a group, whether students apply as a group or individually.

Guidelines:
- Applications must be received (at least two weeks) prior to the start date of the conference in order to be considered for funding.
- Applications must have faculty/staff signature.
- A printed copy with information about the conference (schedule of events, sessions, etc.) must be attached to the application.
- Conferences must occur during the academic year (AY: first day of classes through the last day classes are held).
- Approved conference funding does not constitute approved absence(s) from classes.
- Application requests are not funded retroactively.
- Active, enrolled students of good standing will be considered for funding approval.

Approved requests:
Maximum reimbursement:
- $200 (individual)
- $400 (group, 3 or more students)

Submitting for reimbursement:
1. Within 1 week of the conclusion of the conference, you will need to submit all receipts for any expenses incurred for which you are seeking reimbursement.

2. Within 4 weeks of the conclusion of the conference, you will need to submit a 1-2 page descriptive report of about your conference activities. Please include how you think this conference benefited your academic experience. After 4 weeks, failure to submit a report will result in a charge to your account equal to the reimbursement amount you received.

Please note that the report, either in part or in whole, could be shared with relevant academic departments, Dean’s Office staff, President’s staff, and/or the Board of Managers.
Conference Information:

Conference Name: ________________________________________________________________

Start Date: ___________ End Date: ___________ Location: ___________________________

How did you learn about this conference? __________________________________________

Please give a rationale for why you should receive funding. Questions you should consider answering include: What are your goals for attending this conference? What do you hope to get out of the conference? How does going advance your academic, ethical or career development? Do you expect to share your experiences from the conference with others here once you return, and if so how? Please feel free to use the back of the form or attach a separate sheet if needed.

________________________________________________________________________________

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Personal Information (of person completing this form):

Name: ___________________________________________ ID #:__________________________

Swarthmore Email: ___________________________@swarthmore.edu Phone: ________________

Name of student organization/group (if applicable): ______________________________________

Name(s) of other students going to this conference (if applicable):

(1) ___________________________________ ID #:__________________________

(2) ___________________________________ ID #:__________________________

(3) ___________________________________ ID #:__________________________

(4) ___________________________________ ID #:__________________________
Other Requests for Funding (for this conference):
List all other sources (academic departments, IC, BCC, Lang Center, President’s Office, Student Government, etc.) from whom you have requested funds or expect to request funds.

(1) ___________________________  Amount: _______  □ Approved  □ Pending

(2) ___________________________  Amount: _______  □ Approved  □ Pending

(3) ___________________________  Amount: _______  □ Approved  □ Pending

(4) ___________________________  Amount: _______  □ Approved  □ Pending

Detailed Budget:
Please list the anticipated costs for you or your entire group.

Registration: ___________________________  Travel: ___________________________

Lodging: ___________________________  Meals: ___________________________

Miscellaneous (Please describe): ___________________________

Miscellaneous (Please describe): ___________________________

Total expected cost: ___________________________

Past Support
Please list the support you or any member of your group has received from the College to attend conferences in the past.

Student Name: ___________________________  Amount: ___________________________
Conference Title: ___________________________  Semester/Year: ___________________________

Student Name: ___________________________  Amount: ___________________________
Conference Title: ___________________________  Semester/Year: ___________________________

Student Name: ___________________________  Amount: ___________________________
Conference Title: ___________________________  Semester/Year: ___________________________

Student Name: ___________________________  Amount: ___________________________
Conference Title: ___________________________  Semester/Year: ___________________________
It is my/our understanding:

☐ That all the information provided is accurate and complete.

☐ That I/we understand I/we will be expected to submit a written report, no later than 4 weeks after the completion of the conference to Susan Lewis by email (slewis2) or to be dropped off in the Dean’s Office. That failure to submit this report will result in a charge to my/our account equal to the amount which was reimbursed. Furthermore, that this report may be shared with my/our advisor(s), the Dean’s Office staff, the President’s staff or members of the Board of Managers.

☐ That should I/we receive support from the Dean’s Office, I/we agree to represent the College at this conference. As such, in addition to any rules and regulations which govern the conference, I/we will be held to the standards of conduct set out in the Student Handbook as if I was/we were here at the College.

Sign and date below:

Student Signature:_____________________________ Date:________________________

Signature of Sponsor:

Please have faculty member or staff member who agrees that this conference is an appropriate and productive event for you to attend, sign below.

Signature:_____________________________ Date:________________________

Faculty or Staff Name:_____________________________

Title and /or Department:_____________________________

For Dean’s Office Use Only:

Date Application Received:_________________ Date Reviewed:_________________

☐ Approved for $200 ☐ Approved for $400

☐ Denied; Reason: ________________________________
SWARTHMORE COLLEGE - ASSUMPTION OF RISK/RELEASE OF LIABILITY

Name of Person Giving Release: ___________________________________________________________

Party Released: Swarthmore College, its agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my participation in the following activity: ___________________________ to take place on ___________________________ (month/day/year).

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, ___________________________.

I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

Acknowledgement of Assumption of Risk/Release of Liability:
I certify that my date of birth is __________ (month/day/year), that my present age is _____, and that I am therefore of a lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

Signature of Participant: ___________________________ Participant’s Name, Printed Clearly: ___________________________ Date: __________

Signature of Witness: ___________________________ Witness’s Name, Printed Clearly: ___________________________ Date: __________

Parental or Guardian’s Acknowledgement of Assumption of Risk/Release of Liability for Minors:
I certify that the named child’s date of birth is __________ (month/day/year) and is _____ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I, together with the named child, have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

Signature of Minor: ___________________________ Minor’s Name, Printed Clearly: ___________________________ Date: __________

Signature of Parent/Guardian: ___________________________ Parent/Guardian’s Name, Printed Clearly: ___________________________ Date: __________

Signature of Witness: ___________________________ Witness’s Name, Printed Clearly: ___________________________ Date: __________

Addendum I certify that I am covered by an independent health insurance policy
Policy # Carrier ___________________________