



2025 Summer Conference Attendance Request Form

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|---|--------------------------|
| Name: | <i>Name</i> |
| Department/School: | <i>Department/School</i> |
| Email Address: | <i>Email Address</i> |
| Phone Number: | <i>Phone Number</i> |
| Conference of Interest/ Dates/Location: | |
| <i>Enter text here</i> | |
| <i>Enter text here</i> | |
| Have you received a Summer Conference Grant before? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If so, name of Conference and year attended: | |
| <i>Enter text here</i> | |
| Describe your reason for wanting to participate in this conference. How might it be of benefit to you, and/or your department, and/or the larger campus community? | |
| <i>Enter text here</i> | |
| <i>Enter text here</i> | |
| <i>Enter text here</i> | |
| <i>Enter text here</i> | |
| Applicant Signature/Date: <i>Enter text here</i> | |
| Chairperson/Associate Dean Signature/Date: <i>Enter text here</i> | |
| Dean Signature/Date: <i>Enter text here</i> | |

Please submit the form to facultyprofessionalcenter@molloy.edu on or before April 23, 2025