LOUISIANA ASSOCIATION of TEACHERS of MATHEMATICS

# 2017 LATM Attendee Travel Grant Award Application

(Please Type)

Name:_____
(Dr., Mr., Mrs., Ms.) (First) (Middle) (Last)

Position Title:_____

LATM Membership Address:_____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Alternate E-mail Address: _____

Name of Principal/Supervisor:_____

School Name: _____

School Address: _____
Street Address City State Zip

School Phone Number:_____ Subjects I am Currently Teaching:_____

How many annual LATM, LATM/LSTA Joint Conferences, and NCTM National or Regional Conferences have you attended in the last five years? _____

Are you presenting at the 2017 LATM/LSTA Joint Conference? _____

Answer the following questions on a separate page. Responses should be a paragraph or two each. **Please type**.

1. Briefly describe how you view your position as a classroom teacher of mathematics in Louisiana.
2. Briefly describe the value you see in attending the 2017 LATM Math Conference in Baton Rouge. Please identify specific information, skills, or contacts you seek at the conference, and indicate how they will be used and shared with your colleagues.

**My signature indicates that I am not receiving duplicate funding for the requested funds for attending the 2017 LATM Math Conference. My signature also indicates I am a current member of LATM as of August 1, 2017 and that all information in this application is true and correct.**

Applicant's Signature _____

**Entry packets that do not meet the requirements or provide false information will be disqualified.**
**Entries must be postmarked no later than September 8, 2017.**
**Send the application packet to:**
**Tricia Miller, P.O. Box 2645, Sulphur, LA 7066**

LOUISIANA ASSOCIATION of TEACHERS of MATHEMATICS

# 2017 LATM Requested Travel Grant Funds

Name:_____
(Dr., Mr., Mrs., Ms.) (First) (Middle) (Last)

E-mail Address: _____ Alternate E-mail Address: _____

Do not include funds that are covered by other sources. For example, if you are riding with someone else whose mileage is being covered by other sources, enter $0 for mileage. Another example, if you are sharing a room with someone else, and you are only needing your half of the room funded, put half the rate in the requested space.

**Lodging**: (Maximum allowable – the conference hotel rate) x _____ = $_____
# nights

**Mileage**: _____ X .40/mile = $ _____
TOTAL MILES

**Meals** (including tax and tips):
Travel with Overnight Stay: Travelers may be reimbursed for meals according to the following schedule (minimum of 12 hours in travel status). Breakfast: When travel begins at/or before 6 a.m. on the first day of travel or extends at/or beyond 9 a.m. on the last day of travel, and for any intervening days. Lunch: When travel begins at/or before 10 a.m. on the first day of travel or extends at/or beyond 2 p.m on the last day of travel, and for any intervening days. Dinner: When travel begins at/or before 4p.m. on the first day of travel or extends at/or beyond 8 p.m. on the last day of travel, and for any intervening days.

Breakfast ($9.00 per day MAXIMUM) X _____ = $_____
# days

Lunch ($13.00 per day MAXIMUM) X _____ = $_____
# days

Dinner ($29.00 per day MAXIMUM) X _____ = $_____
# days

Conference Registration (EarlyBird Rate of $75) = $_____

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**Total Requested Funds** (cannot exceed $300): $ _____

**My signature indicates that I support this applicant and as an expression of partnership, my school or district will be responsible for covering the cost of any substitutes necessary for this faculty member to attend the 2017 LATM Math Conference. My signature also indicates that the above requested funds are needed for this applicant to attend the 2017 LATM Math Conference.**

Principal/Supervisor's Signature _____

**Applications that do not meet the requirements or provide false information will be disqualified. Entries must be submitted online and the Principal Verification Sheet must be postmarked no later than September 8, 2017.**

**Mail to: Tricia Miller, P.O. Box 2645, Sulphur, LA 70664**

Questions can be e-mailed to Tricia Miller tricia.miller@cpsb.org.