

## 2023 LATM Presenter Travel Grant Award **Application** (Please Type)

Name: (Dr., Mr., Mrs.	, Ms.)	(First)	(Middle)	(Last)		
Position Title:						
LATM Membership A	ddress:	Street Address		City	State	Zip
Home Phone:				•	State	Zip
E-mail Address:		Alternate E-mail Address:				
Name of Principal/Sup	ervisor:					
School Name:						
School Address:	Street Addre	ess		City	State	Zip
School Phone Number	: <u> </u>		Subjects I am Currentl	y Teaching:		
How many annual LA' attended in the last five	ГМ, LATM e years?	/LSTA Joint Confe	rences, and NCTM Na	tional or Region	al Conferences l	nave you
How many sessions ha	ve you subn	nitted to present at	the 2023 LATM/LSTA	A Joint Conferen	ice?	
nswer the following questions	on a separa	te page. Responses	s should be a paragrap	h or two each. <u>I</u>	Please type.	
<ol> <li>Briefly describe how y</li> <li>Briefly describe sessio include what participate</li> </ol>	n(s) you hav	e submitted to pres	sent at the 2023 LATM	I/LSTA Joint Co	onference in Bato	
Ty signature indicates that I oint Conference. My signature and correct.						
applicant's Signature						
			ents or provide false		ll ba disanalifia	d

Entries must be postmarked or emailed no later than September 15, 2023 at 11:59pm. Send the application packet to:

> Beth Smith, 711 Comanche Trail, West Monroe, LA 71291 Applications can be e-mailed to Beth Smith <a href="mailto:latmtravelgrants@gmail.com">latmtravelgrants@gmail.com</a>.



## **2023 LATM Requested Travel Grant Funds**

Name:						
(Dr., Mr., Mrs., Ms.)	(First)	(Middle)	(Last)			
E-mail Address:	Alternate E-mail Address:					
	for mileage. Anoth	er example, if you are	are riding with someone else whose mileage is being sharing a room with someone else, and you are on se.			
Lodging: (Maximum allowable	e - the conferenc	e hotel rate of \$16	o2, tax included) x= \$ # nights			
Mileage (round trip):		X .40/mile = \$ TOTAL MILES				
hours in travel status). Breakfast: a.m. on the last day of travel, and travel or extends at/or beyond 2 p	welers may be reiml When travel begins for any intervening om on the last day of	bursed for meals acco s at/or before 6 a.m. or days. Lunch: When tr of travel, and for any i	ording to the following schedule (minimum of 12 on the first day of travel or extends at/or beyond 9 ravel begins at/or before 10 a.m. on the first day of intervening days. Dinner: When travel begins at/or last day of travel, and for any intervening days.			
Breakfast (\$9.00 per day MA	XIMUM) X # day	= \$ ys				
Lunch (\$13.00 per day MAXI	MUM) X	= \$ ys				
Dinner (\$29.00 per day MAX	IMUM) X					
Conference Registration (Ear		•				
Total Requested Funds (	(cannot exceed \$	300): \$				
responsible for covering the cost	of any substitutes of any substitutes of any substitutes that the al	necessary for this fac	on of partnership, my school or district will be culty member to attend the 2023 LATM/LSTA Jos are needed for this applicant to attend the 2023			
Principal/Supervisor's Signature _						
			ation will be disqualified. Entries must be ked or emailed no later than September 15, 2023			

Mail to: Beth Smith, 711 Comanche Trail, West Monroe, LA Questions and Applications can be e-mailed to Beth Smith <a href="mailto:latmtravelgrants@gmail.com">latmtravelgrants@gmail.com</a>.

11:59p.m.