

2024 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 Add	ress		City	State	Zip
School Phone Number:	;	Subjects I am Currentl	y Teaching:		
How many annual LATM, LATM attended in the last five years?		rences, and NCTM Na	tional or Regior	nal Conferences	have you
Have you submitted a proposal to	present at the 2024	LATM Conference?			
wer the following questions on a separ considered. Please type.	ate page. Responses	should be a paragraph	n or two each. E	Excessive length	responses w
1. Briefly describe how you view yo	our position as a class	sroom teacher of math	ematics in Loui	siana.	
2. Briefly describe the value you see information, skills, or contacts yo colleagues.					
signature indicates that I am not rec ference. My signature also indicates correct.					
olicant's Signature					

Entry packets that do not meet the requirements or provide false information will be disqualified. Entries must be postmarked or emailed no later than September 13, 2024 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 latmtravelgrants@gmail.com.



2024 LATM Requested Travel Grant Funds*

	(First)	(Middle)	(Last)		
-mail Address:	Alternate E-mail Address:				
	for mileage. Another e	example, if you ar	re riding with someone else whose mileage is being e sharing a room with someone else, and you only		
L odging : (Maximum allowable - * Travel Grant Recipients are exp			0, tax included)** x= \$ rel.		
Mileage (round trip):	TOTAL	X .40/mile	= \$		
hours in travel status). Breakfast: W a.m. on the last day of travel, and for travel or extends at/or beyond 2 p.m	hen travel begins at/o r any intervening days . on the last day of tra	r before 6 a.m. on . Lunch: When tra vel, and for any in	ding to the following schedule (minimum of 12 the first day of travel or extends at/or beyond 9 wel begins at/or before 10 a.m. on the first day of the travening days. Dinner: When travel begins at/or st day of travel, and for any intervening days.		
Breakfast (\$9.00 per day MAX]	IMUM) X # days	_ = \$			
Breakfast (\$9.00 per day MAX] Lunch (\$13.00 per day MAXIMU	# days				
	# days JM) X <u> </u>				

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 or emailed no later than September 13, 2024 at 11:59p.m.. Mail to: Beth Smith, 711 Comanche Trail, West Monroe, LA Questions and Applications can be e-mailed to Beth Smith

latmtravelgrants@gmail.com.

*Applicants who received a LATM Attendee Travel Grant Award in 2023 and not eligible for another LATM Attendee Travel Grant until 2026.