

2024 LATM Presenter 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 Ac	ldress		City	State	Zip
School Phone Number:		Subjects I am Currently Teaching:			
How many annual LATM, LAT attended in the last five years?		rences, and NCTM Na	tional or Region	nal Conferences h	ave you
How many sessions have you se	ubmitted to present at	the 2023 LATM/LSTA	A Joint Conferer	nce?	

Answer the following questions on a separate page. Responses should be a paragraph or two each. <u>Please type</u>.

- 1. Briefly describe how you view your position as a classroom teacher/supervisor of mathematics in Louisiana.
- 2. Briefly describe session(s) you have submitted to present at the 2024 LATM Conference in Baton Rouge and include what participants will be able to do differently as a result of attending your presentation(s).

My signature indicates that I am not receiving duplicate funding for the requested funds for attending the 2024 LATM Conference. My signature also indicates I am a current member of LATM and that the 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 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 <u>latmtravelgrants@gmail.com</u>.



2024 LATM Requested Travel Grant Funds

Name:					
(Dr., Mr., Mrs., Ms.)	(First)	(Middle)	(Last)		
E-mail Address:	Alternate E-mail Address:				
	0 for mileage. Ano	ther example, if you ar	are riding with someone else whose mileage is being re sharing a room with someone else, and you only		
Lodging: (Maximum allowable	e - the conferenc	e hotel rate of \$150	D, tax included) x= \$ # nights		
Mileage (round trip):		X .40/ TOTAL MILES	/mile = \$		

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 Ra	,	= \$	

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 2024 LATM Conference. My signature also indicates that the above requested funds are needed for this applicant to attend the 2024 LATM Conference.

\$

Principal/Supervisor's Signature

Applications that do not meet the requirements or provide false information will be disqualified. Entries must be submittedonline, 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.