



**ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING  
51<sup>TH</sup> ANNIVERSARY CONFERENCE  
MINNEAPOLIS, MINNESOTA ~ OCTOBER 7-10, 2010**

**BOOK FAIR PUBLISHER'S TRAVEL SCHOLARSHIP APPLICATION**

Generous publishers have become accustomed to leaving books behind from their Book Fair participation at ACSP Conferences. This allows the ACSP to use them as a fundraiser, selling them for ½ the retail price on Sunday morning of the conference. Since 2005 all sale proceeds have gone toward travel scholarships for first-time student presenters at the next year's conference.

**Requirements:**

- Must have an abstract ACCEPTED for presentation at the upcoming annual conference.
- Must register and pay by published deadline to retain your appearance on the program.
- Must be attending to present a paper at the ACSP Conference for the first-time.
- Checks will be delivered on-site only to those who actually attend and present.

**Please complete. Print clearly.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a graduate student currently enrolled in (name of program) at (name of university):  
\_\_\_\_\_  
\_\_\_\_\_

My degree program (please circle) is:                      Masters                      PhD

Expected date of degree: \_\_\_\_\_

Please circle the appropriate response:

- |   |      |             |   |
|---|------|-------------|---|
| I | will | will not    | have other financial support to attend the conference.          |
| I | have | have not    | received an ACSP award recently (if you have, which one? _____) |
| I | will | will not    | be presenting a paper at the 2010 ACSP Conference.              |
| I | have | have not    | attended an ACSP Conference in the past.                        |
| I | have | do not have | an approved dissertation prospectus.                            |

Faculty advisor's name: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Telephone: \_\_\_\_\_ Advisor's Email Address \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS MUST BE RECEIVED NO LATER THAN JULY 1<sup>ST</sup> TO BE CONSIDERED.**

Email or fax completed application to: Donna Dodd, [ddodd@acsp.org](mailto:ddodd@acsp.org) or fax 850/385-2084

Office use only: \_\_\_\_\_