2018 Congressional Visits Day Travel Subsidy Application

As in past years, AIAA will once again offer limited subsidies to assist members in their efforts to attend this year’s Congressional Visits Day (CVD) program. Members applying for subsidies must keep the following in mind:

- All applicants must be members in good standing of AIAA. You are not eligible for funding unless you are an AIAA member.

- All applications for travel subsidies must be submitted to AIAA by 2 February, 2018. No applications will be considered after that deadline.

- All applications for travel subsidies will be subject to review by the AIAA Public Policy Committee (PPC).

- The PPC will be the sole determiner of the disbursement of funds.

- Individuals may receive up to $500 in travel support.

- Applications will be triaged in the following manner:
  First Priority – Geographic distance
  Second Priority – Demographics (e.g. first time attendee, student, young professional, etc.)

- Student participants traveling from the same school (or city) should consider traveling and rooming together.

- Successful applicants will be notified of their grant by the PPC no later than 16 February, 2018.

For members not granted travel subsidies, please remember that you can ask your local section for assistance under the Section’s “Category 3” funds. Students may also contact their department (or school/college at the Dean’s level) via their faculty advisor to propose and explore opportunities for direct university sponsorship.

For questions about the CVD travel subsidies and to submit your funding requests, please contact Steve Sidorek at 703.264.7541 or steves@aiaa.org.
Congressional Visits Day Travel Subsidy Application Form

Please complete this application form and send the electronic copy to steves@aiaa.org. The submission deadline is 2 February, 2018.

**Participant Information**

Name: ___________________________________________________________

Member ID (If Applicable): ___________________________________________

Mailing Address: ___________________________________________________

City: _____________________________________________________________

State: _________________    ZIP: _________________

Phone: ____________________     E-Mail: ______________________________

**Participant Travel Information**

Estimated Cost of Air Fare/Mileage ($0.535 per mile): ___________________

Estimated Cost of Hotel: __________________________

Number of Nights in Hotel: ___________________

Sharing Travel Expenses with Other Attendees: Yes____      No____

If “Yes” List Your Group Members:

_________________________________________________________________________________

**Other Reimbursement Sources**

My Section Will Reimburse Me: Yes____      No____

My Employer Will Reimburse Me: Yes____      No____

**Total Requested Reimbursement:** __________________________
Participant Membership Information

Student: _____ Young Professional: ____ First Time Attendee: ____

Section/Region: ____________________________

Section Officer Position (if applicable): ______________________________

Technical Committee (if applicable): ________________________________

Name of Member of Congress in the district where you are registered to vote:
_________________________________________________________________