

2019 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 electronically to AIAA by 1 February
 2019. 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 15 February 2019.

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 (PDF) to steves@aiaa.org. The submission deadline is 1 February, 2019.

Participant Information				
Name:			_	
Member ID (If Applicable):			_	
Mailing Address:			_	
			_	
City:			_	
State:	ZIP:			
Phone:	E-Mail:		_	
Participant Travel Information				
Estimated Cost of Air Fare/Mile	age (\$0.535 per mile):			
Estimated Cost of Hotel:				
Number of Nights in Hotel:				
Sharing Travel Expenses with Of	her Attendees: Yes	No		
If "Yes" List Your Group Membe	rs:			
Other Reimbursement Sources				
	Voc. No.			
My Section Will Reimburse Me:				
My Employer Will Reimburse M	e: Yes No			
Total Requested Reimburseme	nt:			

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:				