



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/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:
