

Nebraska Floodplain and Stormwater Management Association



2009 NeFSMA Travel Stipend Application

The Nebraska Floodplain and Stormwater Managers Association (NeFSMA) has made two Travel Stipends for up to – **\$500** – available to members and full-time students for the current fiscal year. The stipend recipient’s abstract will be published in a future newsletter and they will be expected to provide a short summary of the trip at a quarterly meeting. Applications for travel grants are submitted to the NeFSMA Board of Directors and are awarded based on the topics relevance to the mission of NeFSMA, rigors of the applicant’s proposed abstract, and applicant’s need. Applications may be submitted ant time. NeFSMA will keep all current applications on file. Applicants are encouraged to apply early.

Complete *all* sections of this application and mail to :
NeFSMA
c/o HDR Engineering, Inc.
301 South 13th Street, Suite 601
Lincoln, NE 68508

Stipend Purpose: The purpose of this stipend is to encourage presentations by members or students of their activities and projects in Nebraska at the National level such as the Annual ASFPM or StormCon Conference. Preference is given to NeFSMA Members or full-time student applicants from an accredited undergraduate program at a College or University in the State of Nebraska and to presentations highlighting projects or activities in Nebraska. Minimum GPA for consideration is 2.75. Please visit our website at: <http://nefsma.net/>

Selection Process: The successful applicant will be selected based on this application and an abstract of the presentation (up to 500 words). The two awarded candidate will be notified. Funds will be disbursed by check. Copies of travel related receipts must be submitted to the Board following the conference. Only itemized receipts are permissible for reimbursement. NeFSMA will not pay for expenses related to alcohol. NeFSMA reserves the right to refuse payment for any suspect charges that cannot be verified by the candidate. Reimbursements will be paid within fourteen (14) days of receiving reimbursable receipts.

General Information:

Name: _____

E-mail: _____

Address: _____

Phone Number: Primary (____) _____

Permission to Release Information:

By signing this application, I certify that the information contained in this application is true and correct, and I authorize NeFSMA and its delegates to confirm and/or release any information included on this application.

Applicant’s Signature: _____ Date: _____

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Employer/Academic Information Section

Employer (if applicable):

Name: _____

Employer: _____

Job Title: _____

Supervisors Name: _____

Address: _____

Phone: _____

Email: _____

Current College / University (if applicable):

Name: _____

School and Field of Study: _____

Date Admitted: _____

Advisors Name: _____

Address: _____

Phone: _____

Email: _____

Credits this Year: Fall _____ Spring _____

Anticipated Degree Conferred (with date): _____

GPA: _____

Conference Information Section

Conference

Conference Name: _____

Sponsor: _____

Location: City _____ State _____

Date: _____
