



University of Hawai'i at Mānoa
School of Pacific and Asian Studies
Center for Japanese Studies

SUMMARY SHEET

UHM CJS Graduate Student Travel Grant

Applicant's Name (Last, First): _____

Department: _____

Degree: ___ PhD / ___ Master's **Award Cycle:** ___ August / ___ November / ___ February / ___ May

Instructions: Please send the completed form to the CJS Office Manager at cjs1@hawaii.edu along with the six (6) required items listed [on the CJS Funding for Graduate Students page](#).

1. **Amount Requested:** \$ _____

2. **Title of Paper:** _____

3. **Name of Conference:** _____

4. **University/Conference Location:** _____

5. **Inclusive Dates of Conference (including year):** _____

6. **Have you received a CJS Travel Grant before?**

No ___ Yes ___ (Please provide dates) _____

7. **Are you applying for other grants or awards for this trip?**

No ___ Yes ___

8. **Name of Recommender:** _____

9. **Applicant's Contact Information:**

○ **Mailing Address:** _____

○ **Email Address:** _____

○ **Phone Number:** _____