

Cornell Extern Program – January
Travel Grant Application for Externships in Medicine, Business or Consulting

Name _____ **NetID** _____ **CUID** _____

Grad Year _____ **College** _____

Major(s) _____

Home City, State, Zip, Country _____

Extern Org Name _____ **Listing** _____

Did you apply for financial aid in 2012-13? yes no

Did you receive financial aid in 2012-13? yes no

Org City, State, Country _____

Externship Type _____ **GPA** _____

Externship Length _____

Externship Date(s), if known _____

Distance (approx. miles) _____

Type of Travel: Car Taxi Bus Train Plane

Type of Accommodations: Hotel/Motel Hostel Bed & Breakfast
 Other (explain) _____

Total Proposed Budget: \$ _____ (from budget worksheet)

Total Grant Request: \$ _____ (from budget worksheet)

Please click here if your externship would be impossible without a portion of the funds in advance:

Signature _____ **Date** _____

Budget Worksheet

NetID **Name**

Transportation

Travel to/from home city:

Airfare (round trip)

Bus/train fare

Cab (to and from airport)

Parking

Tolls

Gas for Car (incl. mileage) x miles = TOTAL

Comments/
Explanation

Commuting costs from accommodations to Extern organization (per day expenses):

Daily bus/train/subway

Parking

Tolls

Gas for Car (incl. mileage) x miles =

Subtotal: x # days = TOTAL

Comments/
Explanation

Daily Accommodations

Hotel/Motel

Hostel

Bed & Breakfast

Other:

Subtotal: x # days = TOTAL

Comments/
Explanation

Total Proposed Budget:

Total Grant Request:

NetID **Name**

A. Explain the circumstances that make this grant essential for your extern participation.

B. Briefly describe how you anticipate that this externship would contribute to your career development more than another externship that would not require funding.

