



**Application for need-based lodging/travel support to attend the SPS Meeting to coincide with the 11th Fall Meeting of the NC Section of the American Association of Physics Teachers, September 29th and 30th, 2006, at Elon University, Elon, NC.
(Sponsored by the Elon University Office of Undergraduate Research)**

Instructions:

- All applications received by September 14th 2006 will be given a priority screening. Please mail the application early to meet the deadline.
- Applications received after September 14th will be evaluated on funds-available basis.
- Priority will be given to student presenters, then to participants in the SPS Demo Competition, and last to general participants.
- Students may be asked to share rooms. In case of a large number of applications partial support may be offered.
- Please print clearly.
- Mail the completed application to:

NCS-AAPT Fall 2006 Meeting
c/o Martin Kamela
Elon University, Physics Department
2625 Campus Box
Elon, NC, 27244

First Name: _____

Last Name: _____

School/College/University: _____

Program and year: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-mail: _____

Do you plan to present at the Meeting? Yes / No

If so, a poster or an oral paper presentation? _____

If so, please provide the title of your presentation: _____

Do you plan to participate in the SPS Demo Competition? Yes / No

Will you need support for lodging? Yes / No

If Yes, choose one of the following:

- | | |
|---|--------------------------|
| I would strongly prefer a non-smoking room | <input type="checkbox"/> |
| I would prefer a non-smoking room but will accept a smoking room if necessary | <input type="checkbox"/> |
| I would prefer a smoking room but will accept a non-smoking room if necessary | <input type="checkbox"/> |
| I would strongly prefer a smoking room | <input type="checkbox"/> |

If you need travel support please indicate an estimate of the cost and the mode of transportation:

Please indicate other relevant information, such as a willingness to share a room or carpool with other applicants:

Your signature: _____ Date: _____

Name of your faculty sponsor: _____

By signing below your faculty sponsor confirms the need-basis of this application and the lack of other sources of funding to support your lodging/travel expenses to the SPS/NCS-AAPT meeting:

Faculty sponsor's signature: _____ Date: _____