

**Michigan Association of International Educators Conference (MAIE)  
Newcomer Professional Development Grant Application  
See deadline at [www.maie.us](http://www.maie.us)**

**Applicant Information:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**How long have you been in the field of international education exchange?**

\_\_\_\_\_ Months (If more than 12 months, you are not eligible for this grant. If less than 12 months, please continue.)

**Have you ever attended a Michigan Association of International Educators Conference?**

Yes (If yes, you are not eligible for this grant.)

No (If no, please continue.)

**My institution/organization is:**

2-year     4-year     Public     Private

Non-profit/community organization

Other: \_\_\_\_\_

**Please total both undergraduate and graduate student populations for:**

Total number of international students \_\_\_\_\_

Total number of US students studying abroad \_\_\_\_\_

Total campus enrollment (all students) \_\_\_\_\_

**Estimated Travel Cost Information:** Please complete the information below as accurately as possible based on estimated travel costs. The information will be used to determine the grant award up to the maximum grant amount (\$150.00).

1. Point of departure: \_\_\_\_\_

2. Estimated number of miles round trip \_\_\_\_\_ x \$.33/mile = \$ \_\_\_\_\_ OR

3. Estimated airline/train/bus fare \$ \_\_\_\_\_

4. Lodging based on a shared cost of a double occupancy room  
a. \_\_\_ nights @ \$ \_\_\_\_\_ (room rate plus tax per night) \$ \_\_\_\_\_

5. Total cost of travel and/or lodging \$ \_\_\_\_\_

6. Estimated need for funding from grant \$ \_\_\_\_\_

7. Remainder of cost to be covered by: (Information will not affect your eligibility or award amount.)

Self     Institution     Other: \_\_\_\_\_

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Page 2 of 2**

**How did you hear about the Michigan Association of International Educators Conference Grant Program?**

Internet  
 Michigan Association of International Educators Chronicle  
 Other: \_\_\_\_\_

**Please attach a one-page proposal on why you believe that you qualify and how obtaining this grant will contribute to your professional growth.**

**Sign \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_**