

AKD SUPPORT FOR STUDENT TRAVEL TO REGIONAL MEETING

Alpha Kappa Delta will assist students who attend regional sociology meetings. Up to \$1,000.00 will be paid to the Chapter or Department after completion of the trip. To receive payment, Chapter Representatives must submit a report detailing student activities at the Regional Meeting. There will be no prepayment of funds. Funds are limited.

ELIGIBILITY FOR FUNDING

Only Chapter Representatives who are active members of AKD are eligible to apply for student travel support. Active membership runs by calendar year (January through December). Renewal forms are mailed to Chapter Representatives at the end of each year. If needed, contact the AKD Office for renewal forms. Only sociology faculty members may serve as Chapter Representatives. No more than \$300.00 will be paid for each student traveling. Only students who have completed travel release forms are eligible for support. Applications must be reasonable. Funding levels depend on the plausibility of applications. Payment amounts depend on the accuracy and completeness of reports.

PROCEDURES

An eligible Chapter Representative and the Department Chair complete an application form and a certification form. Completed application forms and certification forms must be received in the AKD Office at least 30 days before the first date of travel. Send completed applications to Marc Matre, AKD Secretary-Treasurer, Box U-1147 USA, Mobile, AL 36688.

The AKD Office will acknowledge applications in two ways. The Secretary-Treasurer will send a message to the e-mail address on the application. The Secretary-Treasurer will send a letter to the Chapter Representative. The letter will confirm (or deny) an award of travel support. If the request is approved an AKD Student Travel Assistance Voucher will be enclosed with the letter. Applicants should contact the Secretary-Treasurer if there is no acknowledgement within ten days of mailing or faxing a completed application.

Before traveling with AKD support, each student must complete an AKD Travel Release Form and submit the completed form to the Chapter Representative. The Chapter Representative must secure all completed Travel Release Forms pending submission of a travel report.

After the trip, the Chapter Representative must submit a completed voucher and a typed report detailing student activities at the regional meeting. The report should be brief, but must justify the amount of the payment. Receipts for travel expenses are appropriate. Reports may include documents submitted by students. The report must include copies of completed Travel Release Forms for all student travelers. No funds will be paid until reports are complete. Completed vouchers must be received in the AKD Office no more than 30 days after the last travel date.

Upon final approval of the report, the Secretary-Treasurer will mail the payment to the Chapter Representative.

Revised 10/30/07. Do not use after 12/31/08.

AKD STUDENT TRAVEL ASSISTANCE APPLICATION

Applications must be received in the AKD Office at least 30 days before the first travel date. Please type.

School _____ Chapter _____

Mailing Address _____

City _____ State _____ Zip Code _____

Regional Meeting _____

Location of Meeting _____

Dates of Trip: From _____ To _____

Distance (one-way) _____ Miles Travel mode(s) _____

Number of Students Who Will Receive Support _____

Cost Estimates

Transportation \$ _____ Lodging \$ _____ Meals \$ _____ Other \$ _____

Total Cost \$ _____ Minus Other Support \$ _____ Amount of Request \$ _____ *

* The amount of the request must not exceed \$300 per student or \$1,000 overall.

An AKD Chapter Representative must complete a Certification and submit it with this application. Otherwise the application is not complete. A Certification Form is attached.

Before the trip, each and every student traveler must sign a Travel Release Form waiving AKD of liability. No payment will be made unless release forms are submitted to the AKD Office. A Travel Release Form is enclosed. Please duplicate as needed.

Chapter Representative** (Typed) _____ Date _____

Telephone _____ E-mail _____

** Applications are accepted only from chapter representatives who maintain active membership in AKD.

FOR AKD OFFICE USE ONLY

Date Approved _____ By _____ Amount _____

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CERTIFICATION
AKD Student Travel Assistance

I understand that payment for expenses incurred by the travel party is the sole responsibility of the Department or Chapter. If all requirements are met, Alpha Kappa Delta will provide up to \$1,000 to the department or the local chapter of AKD upon completion of the requirements outlined in the application procedures. No more than \$300 will be paid for each student traveling. No charges are to be made in the name of AKD and AKD will not be responsible for such charges.

I understand that payment from AKD is contingent upon the submission of a typed report from the Chapter Representative detailing the student activities and that payment may be withheld until a proper report is received. Copies of completed AKD Travel Release Forms must be submitted to the AKD Secretary-Treasurer with the report.

I understand that liability for the trip is the responsibility of the Department or the individuals making the trip. AKD will not be held liable for any problems incurred during, or as a result of, the trip (accidents, property damages, physical injuries, etc.)

I understand that it is my responsibility to make every effort to have this party conduct itself in a manner that is becoming to AKD at all times.

By signing this statement, I agree to all terms outlined above and certify that I will accompany the students on the trip and to the meeting (indicated on page 1 of the application) as their Chapter Representative.

Chapter Representative (Typed)	Signature	Date
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Department Chair (Typed)	Signature	Date
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TRAVEL RELEASE FORM
AKD Student Travel Assistance

RELEASE

This Release is executed on (Month) _____ (Day) _____, (Year) _____,
by _____ ("Releasor").

In consideration of ALPHA KAPPA DELTA INTERNATIONAL SOCIOLOGY HONOR SOCIETY ("AKD") providing certain travel funds to Releasor, to be used for Releasor's travel to and from and/or participation in the below-identified AKD-sponsored or AKD-sanctioned professional/scholarly activity:

1. Releasor, for himself/herself and his/her legal representatives, heirs and assigns, hereby releases, waives and discharges AKD and its agents, officers, Council members, sponsors, and employees, and each of them (the "Releasees") from all liability to the Releasor, his legal representatives, heirs and assigns, for any and all loss, damage or cost, and any claim for damages resulting therefrom, on account of injury, damage or loss to Releasor's person or property, even injury resulting in death of the Releasor, while the Releasor is traveling to or from and/or participating in said activity.
2. Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage while the Releasor is traveling to or from and/or participating in said activity, and Releasor, for himself/herself, and his/her legal representatives, heirs and assigns, agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due loss, damage or injury to Releasor's person or property, even injury resulting in death of the Releasor, while the Releasor is traveling to and/or participating in said activity.
3. Releasor expressly agrees that this Release agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina*, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital.

RELEASOR STATES THAT HE HAS CAREFULLY READ THE FOREGOING RELEASE AND KNOWS THE CONTENTS THEREOF AND SIGNS THIS RELEASE AS HIS/HER OWN FREE ACT.

In witness whereof, Releasor has executed this release the day and year first above written.

Signature: _____ (Seal)

Name of Releasor/Travel Funds Recipient: _____

AKD-sponsored or sanctioned activity: _____

Travel Destination: _____

Date of Trip: From: _____ To: _____

*Note: The reference to North Carolina is necessary to tie the agreement to a specific legal code. Signers may reside in any state.