

# ALPHA KAPPA DELTA

## Certification Form & Acknowledgement

### Student Member Research Travel Grant

**1. Department and Chapter Awareness:** My Sociology Department and Department Chair are aware of the travel for which AKD funding is being requested. I understand that payment for expenses incurred by the traveling party and the behavior of the individuals participating in the trip are the responsibility of the Department and/or the individuals participating in the trip. No charges may be made in the name of Alpha Kappa Delta ("AKD"), and AKD will not be responsible for such charges.

**2. Funding Limits:** I understand that AKD will provide **up to \$600 per student**, with a maximum of **\$1,800 per chapter per academic year**, through the Student Member Research Travel Grant; and I understand that the amount requested may not be the amount approved. Available funding is prorated based on the number of eligible requests received by the AKD Executive Office.

**3. Chapter Eligibility:** I understand that funding from AKD is contingent upon the chapter being **active and in good standing** with the AKD Executive Office. I understand that funding from AKD is contingent upon the submission and completion of all required AKD and/or federal requirements, including the chapter's **Employer Identification Number (EIN)** information and any required forms, documentation, or letters.

**5. Student Membership:** I understand that each student must be an **AKD member before the applicable funding deadline**. Membership applications may be submitted with the travel grant application.

**6. Presentation Requirement:** I understand that each funded student must present a **paper or poster at an approved regional sociology meeting**.

**7. Travel Release Forms:** I understand that a completed **AKD Travel Release Form must be submitted for each individual receiving travel funding**. If the Executive Office does not receive the required Travel Release Forms before travel, AKD funding will not be provided.

**8. Responsibility for the Trip:** I understand that responsibility for the trip and the conduct of the traveling party rests with the Department and/or the individuals participating in the trip. AKD will not be held liable for problems arising during or as a result of the trip, including accidents, property damage, physical injury, illness, or other incidents, to the extent permitted by applicable law.

**9. Conduct and Code of Ethics:** I understand that it is the responsibility of the Chapter Representative to make every reasonable effort to ensure that the traveling party conducts itself in a manner that reflects positively on Alpha Kappa Delta. I agree that all individuals receiving AKD travel funding must follow the **ASA Code of Ethics for Members** while traveling to and from, and participating in, the regional sociology meeting.

**10. Chapter Representative Accompanying Students:** I certify that I will accompany the undergraduate students identified in the application on the trip to and attendance at the regional sociology meeting as their Chapter Representative. If I am unable to travel, I certify that a colleague will accompany the undergraduate students and agrees to all applicable terms and requirements outlined in this Certification Form. **This provision does not apply to graduate students.**

#### 11. Chapter Representative Responsibility

I understand that it is the Chapter Representative's responsibility to contact the AKD Executive Office to determine whether the chapter has met all applicable requirements for funding.

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By signing below, I acknowledge that I have read and understand the requirements of the AKD Travel Grant program and agree to comply with the terms outlined above.

**Chapter Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_