

**SCSMI 2025 CONFERENCE**  
**REMOTE PRESENTATION REQUEST FORM**

**REQUIRED INFORMATION**

**Applicant Name:**

**Affiliation/Organization:**

**Email address:**

**Mailing address:**

**Current SCSMI Member? (Y/N):**

**SCSMI Conference Proposal Accepted? (Y/N):**

- If Yes, please provide your proposal abstract here.

**Conference Participation (select one or more):**

- Long paper
- Short paper

**Are you a member of one of the following fundable groups?**

**1) Graduate Student (Y/N)**

- If Yes, please identify the graduate program in which you are presently enrolled
- Name of graduate program: \_\_\_\_\_

**2) Health/Mobility:** Are you are experiencing a health issue or have challenges to mobility that inhibits extensive travel and/or an in-person presentation **(Y/N)**

**3) Un/underemployed scholar and/or adjunct faculty member (Y/N)**

**4) Geographic Proximity:** Will you be traveling more than 200 miles in order to attend the conference? **(Y/N)**

**5) Access to Funding:** Do you have access to travel funding from your affiliated institution? **(Y/N)**

**Rationale:** If desired, please feel free to include a statement (of up to 250 words) in support of your funding application. The Conference Organization Committee may take this information into consideration in order to assess the need of eligible candidates.

[Insert rationale here]