



**UNIVERSITY OF DELAWARE ALUMNI ASSOCIATION
Academic Enrichment Award Expense Form – Individual 2024-2025**

Please calculate all costs that are applicable to your Academic Enrichment Award request and provide details on the line below each category. You must include verification of these costs in your application.

Airfare, bus, car rental:

_____ \$ _____

Other transportation costs:

_____ \$ _____

Gas/mileage:

_____ \$ _____

Registration/program/conference fees:

_____ \$ _____

Hotel:

_____ \$ _____

Other items (please specify below):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total cost of the program \$ _____

Total amount requested (not to exceed \$2,000): \$ _____

Please list the amount you are contributing and other sources of funding you are earning through fundraising, grants, etc.:

