

California State University, Sacramento  
Academic Related Activities (ARA) Program

Application for 2025/2026

All information must be TYPED on this application in order to be accepted. Return your completed application, including ALL required documents, by **5:00p.m., Monday, March 2, 2026** for Summer/Fall 2025 and Spring 2026 activities to: **Academic Affairs, scc@csus.edu**

**Semester:** ☐ Summer/Fall 2025 (activities between May 1, 2025 – January 19, 2026)

☐ Spring 2026 (activities between January 20, 2026 – May 1, 2026)

\*NOTE: May and June funding is not guaranteed since it is outside the calendar for 2024-2025, but we will make every attempt to reimburse those conferences attended in May and June\*

<b>Student ID #:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Major:</b>	<b>Class Level (i.e., junior, senior . . .):</b>	

Please check the type of activity/project for which you are requesting funding:

- ☐ Professional Conference/Workshop (Presenting a Project or Paper)
- ☐ Professional Conference/Workshop (NOT Presenting a Project or Paper)
- ☐ Special Curricular Related Project
- ☐ Academic Competition/Artistic Performance

<b>Conference Name:</b>		
<b>Paper/Project Title (if presenting) or activity:</b>		
<b>Conference Location:*</b>	<b>Date(s) Conference:</b> (Mth/Day/Yr) – (Mth/Day/Yr) <input type="checkbox"/> Click if only one day	
<b>Expense</b>	<b>Cost</b>	<b>Description</b>
Travel/Transportation	\$	
Registration Fee	\$	
Lodging	\$	
Materials (specify)	\$	

Please attach a separate sheet of paper if list exceeds provided spots		
<b>TOTAL EXPECTED EXPENSES</b>	<b>\$</b>	

Please note: University sponsors cannot be reimbursed for expenses they prepay for their students in anticipation of funding. Receipts must be in the name of the student being reimbursed.

<b>Applicant Signature:</b>		<b>Date:</b>
<b>*Faculty Advisor Signature:</b>		<b>Date:</b>
<b>Faculty Advisor (Type name):</b>		<b>Office Phone: 278-</b>
<b>Advisor's Department:</b>	<b>Advisor email:</b>	<b>Dept. Phone: 278-</b>

**\* i.e., faculty member, advisor – must be signed and contact information must be included\***

Please indicate if you are receiving or applying for funds from another source on campus.

☐ No    ☐ Yes    If yes, what is the source and anticipated amount covered?

**Please Include the Following REQUIRED Documents to your application:**

- Personal Statement
- Signed Liability Waiver (One must be attached to your application, even if you have submitted one to another department)
- Signed Copy of the Program Agreement
- A Confirmation Letter documenting the presentation, performance or exhibit (required for ARA consideration)

NOTE: Applications that do not meet ARA guidelines will automatically be rejected.