
CHS Education Abroad Travel Grant Reimbursement Request

This grant provides \$500 for CHS students completing an Education Abroad (EA) experience. To be approved, the EA experience must meet the following criteria:

- ✓ The EA experience must be at least **7 days** in duration.
- ✓ The EA experience must be a **credit-bearing program vetted by the UK International Center**.
- ✓ The EA experience must also meet **one** of the following criteria:
 - Be a **CHS-sponsored program** (course offered by a CHS instructor, with a CHS prefix such as CLM, CSD, HHS, MLS, etc.) OR
 - Transfer back to fulfill a **CHS course requirement** OR
 - Last at least **8 weeks** and include a **health or healthcare-related course** OR
 - Be part of the **UK Shoulder to Shoulder** program.

*Approval is contingent upon internal fund availability.
Students receiving grants remain eligible for additional scholarships and awards
through UK Education Abroad and other agencies.*

PROCEDURES

- Submit this completed Reimbursement Request form with signatures and required receipts within 30 days of your return.
- Forms may be completed electronically or by hand.
- **Submit materials to Kathryn Greenhalgh (CHS Academic Coordinator)**
 - **By email (preferred):** kathryn.greenhalgh@uky.edu
 - **Or in person:** CTW 111H

REIMBURSEMENT POLICIES

- Only **out-of-pocket expenses** are eligible.
- Reimbursement must follow **university travel policies**.
- **Eligible expenses include:**
 - Airfare
 - Program fees
 - Room and board
- Expenses must be **directly related to the EA experience**.
 - Personal, optional, or unrelated travel is **not reimbursable**.

AWARD LIMITS

- Maximum reimbursement: **\$500**
- Expenses above \$500 may be submitted but **only \$500 will be reimbursed**

-- See Next Page for Submission Information and Receipt Requirements --

Before You Submit

- I am submitting within **30 days of returning**
- My form is **complete, with signatures and receipts included**
- My mailing address is **accurate and will still be valid in 6–8 weeks**
 - ➔ If you are moving soon, use a **permanent address (e.g., parent/guardian)**

Receipt Requirements

A valid receipt must include all of the information below:

- Business name and location
- Itemized description of goods/services
- Transaction date
- Amount paid
- Method of payment

Submission Tips

- ✓ Submit **FULL receipts** (not cropped images)
- ✓ Make sure all required details are visible

Flight Receipt Checklist

Your flight receipt **MUST** show all of the information below:

- Your name
- Ticket number (13+ digits)
- Purchase date
- Airline or booking company
- Full itinerary (dates, times, locations)
- Total amount paid
- Payment method

Best option: ➔ Forward your flight confirmation email!

Note: *Flights or expenses paid using points, credits, or rewards are **not** reimbursable*

Avoid Delays

Applications are delayed most often because:

- Missing signature from EA associated course instructor
- Missing or incomplete receipts
- Screenshot instead of full documentation
- Invalid or temporary mailing address

-- Application processing may take 6-8 weeks before reimbursement check is mailed --

CHS Education Abroad Travel Grant Reimbursement Request

Student Name

Academic Major/Professional Program
(AT, CLM, CSD, HHS, MLS, PAS, PT, RHB)

Student ID #

Phone Number

Email Address

Mailing Address*

City*

State*

Zip Code*

**The mailing address is where the reimbursement check will be sent; application and reimbursement processing may take 6-8 weeks, so please be mindful of this timeline when entering your address.*

-- Form Continues on Next Page --

CHS Education Abroad Travel Grant Reimbursement Request

Name of Health-Related Education Abroad Experience

Associated Course Prefix and #

of Credits

Location of International Experience

Start Date

End Date

If the travel start- or end- dates (e.g., plane ticket dates) vary from the dates of the education abroad experience, please explain (e.g., you extended your trip for a week to tour the country, or you arrived 5 days early to visit friends).

I confirm that all included information and receipts regarding the education abroad experience are accurate.

Student Signature

Date

I confirm that the student above satisfactorily completed this health-related, education abroad experience.

Associated Course Instructor Signature

Date

Once the form is completed and the above signatures have been obtained, please email the form and accompanying receipts to Kathryn Greenhalgh (kathryn.greenhalgh@uky.edu), or print and bring to CTW 111H.

Office of Student Affairs Signature

Date

Date Form Received