



## International Travel Award Rubric

Committee Member: \_\_\_\_\_ Proposal Number (Banner ID): \_\_\_\_\_

### 1. Complete Application\*

Yes  No

✓ *Email Me Form:*

- *2 page proposal*
- *Proof of conference/workshop registration*
- *List of other funding sources*
- *Schedule of classes*
- *1 letter of recommendation*
- *IRB (if applicable)*
- *Supplemental materials (recommended but not required)*

Additional Comments:

*\*Incomplete applications will not be reviewed.*

### 2. Proposal

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. Addresses reason for travel                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Indicates its importance professionally and to the field | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Explains why the award is critical                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Is written anonymously                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Additional Comments:

### 3. Quality

- |  |           |                          |           |                          |      |                          |
|--|-----------|--------------------------|-----------|--------------------------|------|--------------------------|
| a. Clarity of writing (grammar, structure, etc.) | Excellent | <input type="checkbox"/> | Good/Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| b. Readability (wrote to a general audience)     | Excellent | <input type="checkbox"/> | Good/Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| c. Cost verification                             | Excellent | <input type="checkbox"/> | Good/Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |
| d. Financial need                                | High      | <input type="checkbox"/> | Moderate  | <input type="checkbox"/> | Low  | <input type="checkbox"/> |
| e. Letters of recommendation                     | Excellent | <input type="checkbox"/> | Good/Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> |

Additional Comments:

*Please classify the application's overall strength based on the above rubric and your comments on a scale from 1-5 (1=lowest, 5=highest). Your ranking will help determine whether this application is funded, and to what degree. Please contact the Vice Executive Chair with questions or concerns.*

**Overall Ranking:** \_\_\_\_\_