

FACULTY OF HEALTH

Graduate Student Conference Travel Funds Application Form

APPLICANT INFORMATION
Name:
Student number:
Email address:
Phone number:
Graduate program:
Name of supervisor:
CONFERENCE DETAILS
Title of conference:
Title of your presentation:
Nature of your presentation (e.g. paper or poster):
Are you the first author on this presentation?
Conference location:
Conference dates:
Are you being paid any fee or honorarium related to this presentation?

ANTICIPATED EXPENSES
*Registration fees & abstract fees:
*Poster printing fees:
*Return transportation:
*Accommodation:
Other expenses (please explain):
If you have applied for or received any other funding for this travel, please describe: a) the funding source, b) the amount, and c) the expenses you will cover with those funds.
TOTAL REQUESTED FROM THE FACULTY OF HEALTH*: \$ *cannot exceed \$1000

I have read and agree to the Graduate Student Conference Travel Fund guidelines. I verify that all information provided is true and correct to the best of my knowledge. I confirm that all required documentation is included and that I am submitting a complete application. I verify that the specific expenses detailed in this application will not be covered by other funding sources.

APPLICANT Signature: _____ **Date:** _____

I verify that the research the applicant will present is related to their academic program, and I confirm that there are no other funds to support the specific expenses detailed in this application.

SUPERVISOR Signature: _____ **Date:** _____

INTERNAL USE ONLY

Date received:	Received by:
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Outcome:	Date:
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