



Conference Sponsorship Program and Student Travel Support to Competitions

STUDENT Application Form **Deadline Monday, October 17, 2016 - 4:00pm**

Funding Request for: A) Student Conference or B) Student Group Travel to Competitions

(Applications will not be accepted for Conferences/Competitions that take place prior to the application deadline)

Surname First/Given Name

Faculty Department

Room # Building

Phone Email

Signature Date

Checklist: (as per "Call for Applications" Guidelines)

1) Signatures from Applicant, Department Head, Dean/Director, **and** Supervisor

2) A Budget outlining income amounts, sources and anticipated expenses

3) Written Support describing merits of the proposal from Department Head and Supervisor

4) Financial Support from Department Head and Dean/Director (with a combined total equal to Amount Requested \$)

Written evidence to support request to apply "outside of normal time windows".

A Conference being hosted by Student (Group) of the University of Manitoba at:

Fort Garry Campus Bannatyne Campus Off Campus/Other: _____

_____ **Amount Requested**

_____ **Title of Conference** _____
Please provide confirmed/expected attendance at each level of exposure

_____ to _____
Conference Dates _____
Please note a post conference update will be required to confirm attendance as well as expenditures.

Exposure	Number
International	
National	
Provincial	
U of M	

B **Student Group Travel to Competitions outside of Manitoba**
(NOTE: Undergraduate Student Level Only)

_____ to _____
Competition Title and Location **Travel Dates** (NOTE: Student travel costs to attend or present at Conferences are NOT funded under this Program)

MUST BE COMPLETED as per "Call for Applications" Guidelines

Department Head: _____ Financial Support \$ _____
Print Name

Signature: _____ Date: _____

MUST BE COMPLETED as per "Call for Applications" Guidelines

Dean/Director: _____ Financial Support \$ _____
Print Name

Signature: _____ Date: _____

MUST BE COMPLETED as per "Call for Applications" Guidelines

Supervisor:
Print Name _____

Additional Support \$
Optional _____

Signature: _____

Date: _____

Forward completed application to:

Judith Mate
Office of the Vice-President (Research and International)
207 Administration Building
Phone: 204-474-7952
Email: Judith.Mate@umanitoba.ca

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August 2016