STUDENT CONFERENCE TRAVEL GRANT APPLICATION FORM

Applicant Information

Name

Department/School/Faculty

University/Institute

Street Address

City   **Province**

Country

Postal Code

Phone

Fax

E-mail

CSB/SCB Student member since

Number of CSB/SCB conference travel grants received

Number of other CSB/SCB grants received

Level of study

Supervisor Information

Name

Title

Department/School/Faculty

University/Institute

Street Address

City   **Province**

Country

Postal Code

Phone

Fax

E-mail

Conference Travel Information

Conference

Location

Dates of Travel

Mode of Transportation (bus, train, air)

Budget:

Conference registration fees

Estimated transportation costs

Estimated accommodation costs

Estimated food cost

Other costs

Please provide a detailed explanation of the expenses listed above:

What is your current funding situation (i.e. NSERC, teaching assistantship)?

How much of this trip is your supervisor
funding?

How much is your institution funding?

**Student
Signature**

**Supervisor
Signature**

In order to avoid your application being returned to you, please compile all documents pertaining to your application into a single PDF file, and use the filename convention below:

YEAR_CSB_ConfTravelGrant_SURNAME_Name.pdf

Example:

2018_CSB_ConfTravelGrant_DAVINCI_Leonardo.pdf