**Application for SAPL Conference and Event Travel Award**

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| --- | --- | --- | --- | --- |
| Name: |   |  | UCID: |   |
| Program: |   |  |  |  |  |
| Year of program you are in this term: |   |  |  |  |  |
| Expected program completion date: |   |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Conference/Exhibition information** |  |  |  |  |
| Travel dates: |   |  |  |
| Location of conference: |   |  |  |
| Name of conference: |   |
| Title of presentation/project: |   |
| Abstract: (submitted to conference/exhibition) |  |
| Statement (max 100 words) indicating the relationship between the conference/exhibition and your thesis research: |  |

|  |  |
| --- | --- |
| **Anticipated travel budget** | *Please fill in the estimated costs* |
| Conference registration: |   |  |
| Airfare: |   |  |
| Other transportation: |   |  |
| Accommodations: |   |  |
| Total: |  |  |

**Documentation of acceptance to conference, exhibition, or other event and documentation of travel are required prior to payment of award.**

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| **Previous SAPL Travel funding** |  |  |  |  |  |
| Conference location: |   |  | Dates: |   |
| Name of conference: |   |  |  |  |  |
| Title of presentation/project: |   |  | Amount Rec'd: |   |
|  |  |  |  |  |
| Conference location: |   |  | Dates: |   |
| Name of conference: |   |  |  |  |  |
| Title of presentation/project: |   |  | Amount Rec'd: |   |
|  |  |  |  |  |
| Conference location: |   |  | Dates: |   |
| Name of conference: |   |  |  |  |  |
| Title of presentation/project: |   |  | Amount Rec'd: |   |
|  |  |  |  |  |
| **Declaration of Supervisor** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| By signing this form I confirm that: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  - The proposed travel supports the student's research dissemination or professional development |  |
|  |  |  |  |  |  |  |
|  - The student is in good standing and will not graduate prior to the proposed travel dates |  |  |
|  |  |  |  |  |  |  |
| Supervisor name (print): |   | Date: |   |
| Supervisor signature: |   |  |  |

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| **Freedom of Information and Protection of Privacy Act** |  |  |  |  |
| *The above information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for graduate scholarships and awards. If you are or become a student at the University of Calgary, this information will form part of the student record. Please direct any questions about the use of this information to the FOIP Advisor, Faculty of Graduate Studies – Telephone: (403) 220-5417.* |
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**Supporting Documentation**

\* Application form

\* Acceptance into the conference/exhibition (email or letter, if you already have this)

\* Any receipts you already have

Save these documents as a single pdf. Name the file:

**Last name\_SAPL Conference and Event Travel Award** Send to awards@sapl.ucalgary.ca