



## APPLICATION FOR CONFERENCE TRAVEL FUNDS: UNDERGRADUATE STUDENTS

Undergraduate students enrolled in a program in the Faculty of Applied Health Sciences may apply for travel funds (up to a maximum of \$500.00) to attend an academic conference for the purpose of presenting their original, peer-reviewed research as a result of course work.

Student applicants must be enrolled full-time at the time of the conference and must have written support from their supervisor.

To be eligible to apply:

- The student's supervisor must also contribute to travel expenses.
- The student must not have received this grant in the past (you may only receive travel funds once).
- The student must be able to provide proof of involvement in the conference. Acceptable documentation includes: a copy of the conference program, letter, or email listing your name and the title of your poster/presentation.

### Know before you go!

If you are approved to receive the conference travel funds grant, please review the Expense Report Instructions carefully and in advance to ensure you are using obtaining the correct Original Itemized Receipts and documents to be eligible for your reimbursement.

Failure to provide correct information may result in the loss of part or all of your grant.

If you have any questions before submitting the APPLICATION FOR CONFERENCE TRAVEL FUNDS: UNDERGRADUATE STUDENTS, please contact:

Dr. Kirsty Spence  
Associate Dean, Teaching and Undergraduate Studies,  
Faculty of Applied Health Sciences  
Email: [kspence@brocku.ca](mailto:kspence@brocku.ca)  
Telephone: 905-688-5550, x.5027



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Please complete this form in its entirety and obtain your Supervisor's signature.

Submit the completed and signed form electronically via email only to [kspence@brocku.ca](mailto:kspence@brocku.ca)

Name of Student:	Student Number:
Student E-mail:	Academic program:
Mailing address:	
Name of Conference:	
Location of Conference:	
Title of Presentation:	
Summary of expected expenses:	
Travel expenses paid by Supervisor:	
Student declaration:  I, _____ declare, that I have read and understand the requirements for eligible reimbursement expenses should my application be accepted and that failure to provide the correct information/itemized receipts may result in the loss of part or all of my grant.	
Student's Signature:	Supervisor's Signature:
<b><i>For Office Use Only - To be completed by the Associate Dean</i></b> I confirm that the conference is of direct benefit to this student's undergraduate program.	
Signature:	Date:

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Associate Dean, Undergraduate Studies, Faculty of Applied Health Sciences, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550 x5027.