

**FACULTY OF Nursing**

4-171 Edmonton Clinic Health Academy

**Travel Award Application**

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**Applications** can be submitted up to 3 months prior to the travel date. Requests after the travel will not be considered. Students are expected to apply elsewhere for funds as well as the Faculty of Nursing (see 5 below). Approved applications will be processed for payment by the earliest available monthly payroll deadline as determined by the Payroll Operations office.

**Eligibility Requirements:** You must be a registered graduate student in the Faculty of Nursing both at the time of application and at the time of the proposed travel.

**Application Information:**

* Applications are reviewed on a first-come, first serve basis. Students may apply for conference attendance, conference participation, or travel to a research centre to partake in an educational event or course. The amount allocated will depend upon the destination and the estimate of eligible expenses.

**Please include along with this application from:**

1. Copy of abstract
2. Proof of acceptance of abstract (or indicate pending)
3. Budget and receipt of conference registration
4. A paragraph on how the conference attendance contributes to your program.
5. Other funding applied for:
6. Graduate Students’ Association Professional Development Grant http://www.gsa.ualberta.ca/index.php/funding/content/category/professional\_development\_grants/
7. FGSR <http://www.gradstudies.ualberta.ca/awardsfunding/scholarships/travel/>;
8. Supervisor

Student Name:       UofA ID Number:

Student Email Address:

Supervisor:

Purpose of Travel (check one):  Paper  Poster  Panel Discussion  Exhibition of Work

Dates of Travel: Departure:  mm/dd/yy  Return:  mm/dd/yy

Name and Location of conference:

|  |  |  |
| --- | --- | --- |
| Estimate of Travel Costs (include ALL expenses in Canadian dollars) | | |
|  | Amount ($CAD) | Description/Particulars |
| Conference Registration |  |  |
| Meals |  |  |
| Airfare |  |  |
| Ground Transportation |  |  |
| Accommodation |  |  |
| Other |  |  |
| *Total Estimated Expenses* |  |  |

Indicate the value and source of any other funding you will receive (i.e. from supervisor; FGSR; GSA).

*(enter amount here, or N/A if you will not receive any other funding)*

I have read and understand the eligibility requirements for travel awards and declare that the information given on this application is true and complete, and I understand it is subject to verification.

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Signature of Student Date

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Department Chair/Supervisor (please print)

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Signature Date