**MDCH Student Travel Award Application**

**Terms of Reference**

Registered students within the MDCH graduate program are eligible to receive one (1) travel award per year to a maximum of $1,500. Preference will be given to students presenting an abstract, poster or other oral presentation at the conference. If you are *not* presenting at the conference, you will need to provide a brief description of the value you will receive from attending.

Students must be registered in the term in which they travel and travel must be completed before the student defends their thesis.

Students apply for the award after they return from the conference. **Funds will not be paid until travel is completed and final receipts are provided to the program administrator.**

The award payment will be processed **once confirmation of attendance at the conference and all receipts from the conference have been received.** Failure to provide full documentation may result in a reduction or cancellation of the amount of funding received.

Notes on eligible costs:

1. Itemized receipts (receipt for flight purchase, hotel invoice, and itemized food receipts) must be provided. Credit card slips without an itemized receipt will not be reimbursed. Please complete page 3.
2. Alcohol will not be reimbursed.
3. Only costs for the student will be reimbursed – please indicate shared rooms or costs for guests when submitting your receipts.
4. Only costs supported by receipts will be reimbursed ***to a maximum of $1,500.***

If you receive funding from another source for this conference, the program administrator must be notified of the amount immediately.

**To apply**

Students must submit the completed application, abstract, presentation acceptance, and supporting receipts to [chsgrad@ucalgary.ca](mailto:chsgrad@ucalgary.ca) **by the second Tuesday of the month after they return from their conference for payment on the 25th of the month.**

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| **Student Name** |  |
| **UCID** |  |
| **Supervisor** |  |
| **Conference Name** |  |
| **Conference Location** |  |
| **Conference Dates** |  |
| **Type of presentation - (Poster/Oral)** |  |
| **Title of presentation (if applicable)**  ***Attach abstract to application*** |  |
| **Other travel awards received for this conference (name and amount)** |  |
| **Amount of Award requested from MDCH Program** |  |
| **Date of last MDCH travel award received** |  |
| **Student Signature** |  |
| **Supervisor Signature** |  |
| **MDCH GPD Signature (obtained by program)** |  |

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| **GSE OFFICE USE ONLY** | |
| Supporting docs rec’d |  |
| Amount Awarded/date |  |

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| **Please highlight any costs that your supervisor covered** |  |  |  |
| **Please do not include costs that were covered by another award** |  |  |  |
| **Item** | **Date** | **$** | **Currency (CAD, USD, EUR etc)** |
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|  | **Total** | **$** |  |
| *Reimbursements will not exceed $1500. Please note that any amount you claim over the $1500 offered by the program* | | | |
| *will not be reimbursed through this award.* |  |  |  |