

**FORM 003 – CONFERENCE GRANT APPLICATION**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Department: \_\_\_\_\_ Program: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CONFERENCE INFORMATION**

Conference Location: \_\_\_\_\_ Conference Date(s): \_\_\_\_\_  
 Attending  Presenting

**SOURCES OF FUNDING**

Have you applied for a UMGSA Conference Grant before? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Have you applied for an FGS Travel Award? \_\_\_\_\_ If no, why not? \_\_\_\_\_  
If yes, when? \_\_\_\_\_ How much do you expect to receive? \_\_\_\_\_  
Have you applied to your home faculty for funding? \_\_\_\_\_ If no, why not? \_\_\_\_\_  
If yes, when? \_\_\_\_\_ How much do you expect to receive? \_\_\_\_\_  
Have you applied to your department for funding? \_\_\_\_\_ If no, why not? \_\_\_\_\_  
If yes, when? \_\_\_\_\_ How much do you expect to receive? \_\_\_\_\_  
Is there funding available from your supervisor? \_\_\_\_\_ If so, how much? \_\_\_\_\_

**DEPARTMENTAL DECLARATION (to be signed by University of Manitoba faculty or staff)**

***I certify that the faculty, departmental and supervisor funding information listed above by the applicant is accurate.***

\_\_\_\_\_  
Departmental Representative Signature/Position \_\_\_\_\_  
Date

**EXPENSES AND FUNDING SOURCES SUMMARY**

*All expenses in this summary must be claimed in Canadian dollars. If you incurred expenses in a foreign currency, please convert the relevant expenses to Canadian dollars (using [www.bankofcanada.ca/rates/exchange/](http://www.bankofcanada.ca/rates/exchange/)) and include a printout of the conversion rate used in the supporting documents of this application.*

<b>EXPENSES</b>	
Conference Registration Fee	
Conference Per Diem (meals, local transportation): # of conference days ____ x \$65	
Travel Per Diem (meals, local transportation): # of travel days (max.2) ____ x \$65	
Inter-City Transportation Costs (To/From Conference City)	
Accommodation	
Printing Costs	
Travel Insurance (if not covered by UMSU Health & Dental Plan)	
Travel Visa Costs	
<b>TOTAL EXPENSES</b>	
<b>FUNDING SOURCES</b>	
Faculty of Graduate Studies Travel Award	
Home Faculty Funding	
Departmental Funding	
Supervisor Funding	
Other Funding (if any)	
<b>TOTAL FUNDING SOURCES</b>	
<b>TOTAL DEFICIT (Total Expenses – Total Funding Sources)</b>	

Did you share accommodation or other expenses? If yes, explain and specify with whom they were shared.

Please leave any other comments below.

**APPLICATION CHECKLIST**

Please attach documents in the following order for your application.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Completed and Signed Conference Grant Application Form   | <input type="checkbox"/> 6. Proof of Inter-City Travel (eg. boarding passes) |
| <input type="checkbox"/> 2. Proof of Conference Registration and Payment   | <input type="checkbox"/> 7. Proof of Payment: Inter-City Travel              |
| <input type="checkbox"/> 3. Copy of Conference Badge   | <input type="checkbox"/> 8. Proof of Payment: Accommodation                  |
| <input type="checkbox"/> 4. Proof of Presentation (if presenting)  | <input type="checkbox"/> 9. Proof of Payment: Printing Costs                 |
| <input type="checkbox"/> 5. Currency Conversion ( <a href="http://www.bankofcanada.ca/rates/exchange/">www.bankofcanada.ca/rates/exchange/</a> ) | <input type="checkbox"/> 10. Proof of Payment: Travel Visa/Travel Insurance  |

**APPLICANT DECLARATION**

*I certify that I have carefully read the application and Conference Grant guidelines stipulated in the UMGSA Financial Policy Manual (Policy II). I recognize that the submission and qualification of this application is subject to the Conference Grant Policy. I declare that the information contained within this application is correct and accurate; that all of the necessary supporting documents have been included; and that I have organized the contents of the application according to the checklist above. I authorize the UMGSA to investigate the information provided in this application to assess the qualification for this grant if necessary.*

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Signature of Applicant

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Date

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UMGSA Approval (VP Internal)

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Date