



**HSC MEDICAL STAFF COUNCIL
TRAVEL FUND APPLICATION FORM**

STUDENT NAME & NUMBER					
FACULTY/YEAR					
SUPERVISOR					
& HSC/U of M DEPARTMENT					
SUPERVISOR PHONE #					
STUDENT e-mail					
PAPER/POSTER TITLE					
NAME OF CONFERENCE					
LOCATION (City/Province/Country)					
DATES	<table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;">(Start mm/dd/yy)</td> <td style="width:50%; text-align: center;">End (mm/dd/yy)</td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> </table>	(Start mm/dd/yy)	End (mm/dd/yy)		
(Start mm/dd/yy)	End (mm/dd/yy)				

Claimable Expense Items	Estimated Cost
Travel	\$
Accommodation	\$
Registration	\$
Total Cost Estimate for listed expenses:	\$

Signature of Supervisor

Date

Signature of Applicant

Date

Notes:

Deadline for submission: January 31 and June 1 before 4:00 pm of each application year. **Awards will be finalized by 1 month following the deadline date. Award applications received after the deadline will not be accepted.**

Submission Checklist:

- Application form**
- A copy of the submitted abstract; Funds will be released only on acceptance of the abstract**
- Letter of support from the trainee research supervisor**
- Estimate of costs (see above)**
- Ethics approval**
- HSC Department of Research Impact approval (as appropriate)**
- University Committee on the Use of Animals in Research approval (as appropriate)**

Submit to:

Chair, Fellowship Fund Committee
HSC Medical Staff Office, PZ420 – 771 Bannatyne Avenue, Winnipeg, MB R3E 3N4