



Deer Lodge Hospital Staff Association Memorial Fund
Travel Grant Application

Application to:

Manitoba Medical College Foundation Inc.

Deadline: March 15th Annually

Application year

Section 1 Candidate Information		
Surname	First Name	Student Number
Program	Year in program	Email
Department		
Address, City, Province		Postal Code
		Home Phone Cell
Section 2 Research Project		
Field	Title of project	
Supervisor		Department Head
Provide a brief description of the project in <i>lay</i> terms (30 words)		
Current sources of support (studentships)		

**Section 3
Education**

Degree	Discipline	University	Year obtained

**Section 4
Honours and Awards – include additional page if necessary – noting section #**

Year	Description

**Section 5
List of Publications & Presentations include additional page if necessary – noting section #**

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Section 6 – Details of Presentation	
<ul style="list-style-type: none"> ❖ Student must be the primary presenter of a paper / poster in a conference relevant to the student’s program of study. ❖ The student’s department supports the attendance of this conference. <p>Attach the following additional information to the application form:</p> <ul style="list-style-type: none"> • Proof that a paper / poster has been submitted/accepted for presentation of letter validating the purpose of visit (at least 1 month prior to the conference / departure). • Original abstract of the submitted paper / poster. • Letter of support from supervisor, stressing the quality of the paper / poster or the purpose of travel and stating the relevance to the applicant’s program of study. • Copy of Transcript (minimum of 24 credit hours in a Bachelor degree) at a recognized university 	
Conference or other	
Location	Dates
Title of paper / poster	
Authors	
If attending a conference, please indicate if you will be presenting the following	
Poster	Oral Presentation Other:
Will the abstracts be published: Yes No	
Official referenced journal;	
Additional information (if applicable)	

**Section 7
Anticipated detailed budget**

Airfare	Cost	Currency
Accommodation		
Food		
Transportation (taxi, bus, uber)		
Registration Fees		
Other		

	Total costs		
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I hereby certify that I have read and understood the instructions and information sheet attached to this application form and that all statements made in connection with this application are true and complete.

I authorize the awards committee to verify any information such as reference letters provided as part of this application.

I understand that my application will be rejected if I have submitted false information in support of my application. In such an event, I understand that future applications from me will not be considered.

Applicant	Name	Signature	Date
Supervisor	Name	Signature	Date

Department Support: The department supports this request and ensures the significance of the travel to the student's program and confirms a paper / poster or other will be presented.

Department Head	Name	Signature	Date
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Additional information for section #