



MAX RADY COLLEGE OF MEDICINE  
**CONFERENCE TRAVEL AWARD APPLICATION – PRESENTERS ONLY**  
(APRIL 1 – MARCH 31 ANNUALLY)

UNIVERSITY  
OF MANITOBA

**DEADLINE: February 20 annually**

Please complete all sections of this form in full. (Incomplete applications will not be eligible for award consideration)

Student # \_\_\_\_\_

Class of \_\_\_\_\_

Student Mail box # \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_

(1) Are you presenting a paper or poster at this conference? [ ] Paper [ ] Poster

PRESENTERS may be eligible for the **MMCF – T.W.Fyles Travel Award**, in addition to the Conference Travel Award funding.

(2) \*Would you like to apply for this award in addition to the Conference Travel Award? [ ] Yes [ ] No

(3) Are you a BSc. Med Student? [ ] Yes [ ] No

(4) Is this presentation related to a BSc. Med project you are involved with? [ ] Yes [ ] No

(5) Have you sought support from your BSc. Med project Supervisor or an alternate source? [ ] Yes [ ] No

(a) If no, why not? \_\_\_\_\_

(b) If yes: (i) Has your request for alternate funding been approved? [ ] Yes [ ] No

(ii) How much alternate funding do you expect to receive? \$ \_\_\_\_\_ (Estimate or give range of possible funding)

(6) What amount do you request from the Max Rady College of Medicine? (Presenters Maximum \$1,000) \$ \_\_\_\_\_

(7) Have you received College Conference Travel funding before? [ ] Yes [ ] No If yes, you cannot re-apply. Max of 1 conference award per student during their entire undergraduate program.

(8) Did you receive a Bursary from the Max Rady College of Medicine in the past academic year? [ ] Yes [ ] No

Poster/Paper Title: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Location: \_\_\_\_\_  
City/Province/Country \_\_\_\_\_

Dates: Start: \_\_\_\_\_ (mm/dd/yyyy) End: \_\_\_\_\_ (mm/dd/yyyy)

Claimable Expense Items	Estimated Cost
Travel	\$ _____
Accommodation	\$ _____
Registration	\$ _____
<b>Total Cost Estimate for listed expenses:</b>	\$ _____

\*To confirm Conference attendance, a copy of your presentation Abstract and proof of Conference acceptance is required.

\*\*Submission of original receipts & boarding passes required immediately upon return from the Conference.

**NOTE: (1)** The Awards committee may not be able to fund, or fully fund this experience. **(2)** Applications will be processed on a first come first serve basis, as funds are available. **(3)** The College will consider providing supplementary support for a MAXIMUM of one conference per student during their entire undergraduate program. **(4)** Notifications are sent to applicants via e-mail in: Nov for conferences April 1 – Oct 1; March for conferences Oct 2 – Mar 31). **(5)** Funds cannot be released until receipts have been received. **(6)** It is the student's responsibility to keep their U of M e-mail account active, as well as, their address up to date both with the College of Medicine, Enrolment Services office and in Aurora Student. Failure to do so may result in missed communications and/or a misdirected cheque.

**Declaration:** I hereby declare that all the above information is complete and true in every respect, and that financial assistance is essential for me to continue my education. I consent to full access to my student records and government loan records. I also give permission to the Max Rady College of Medicine to verify these statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed application prior to conference attendance (receipts upon return) to:**

[awardsUGME@umanitoba.ca](mailto:awardsUGME@umanitoba.ca) Electronically or

Drop-off to 260 Brodie Centre – 727 McDermot Avenue marked Attention: Program Coordinator