

GRADUATE TRAVEL AWARD APPLICATION FORM

Section 1

Surname:	Given Name:
ID:	Semester Level:
Program:	Department:
Advisor:	Email Address:

Have you received a Travel Award During your Current Program?

If Yes, Indicate Name(s) and Date(s) of Awards and if you have not already submitted a report/s please attach it/them to this application:

Section 2

Please indicate for which Travel Award(s) you are applying:

* All awards marked with an * must be accompanied by a Financial Need Assessment form for Graduate Students

<input type="checkbox"/> Aeroplan International Travel Research Grant * Due Dates: Summer Travel : Feb 1 Fall Travel: June 1 Winter Travel: Oct 1 <i>(circle semester for which you are applying for funding)</i>
<input type="checkbox"/> Canadian Friends of the Hebrew University of Jerusalem Travel Scholarship * Due Date: May 1
<input type="checkbox"/> Clan Fergusson Graduate Research Scholarship Due Date: December 10
<input type="checkbox"/> Richard & Sophia Hungerford Graduate Travel Grants * Due Dates: Summer Travel : Feb 1 Fall Travel: June 1 Winter Travel: Oct 1 <i>(circle semester for which you are applying for funding)</i>
<input type="checkbox"/> Arthur D. Latornell Graduate Research Travel Grants Due Dates: Fall Competition: Oct 15 Winter Competition: Mar 15 <i>(circle competition for which you are applying for funding)</i>
<input type="checkbox"/> Registrar's Research Travel Grants * Due Date: January 10
<input type="checkbox"/> University of Guelph Travel Grants * Due Dates: Summer Travel : Feb 1 Fall Travel: June 1 Winter Travel: Oct 1 <i>(circle semester for which you are applying for funding)</i>
<input type="checkbox"/> Julie May (Goode) Whittaker Graduate Travel Scholarship Due Date: May 1
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you submitted a travel grant/scholarship application for this travel opportunity previously?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, did you receive any grant funds?

Section 3

Dates of Travel:	From:	To:
	<i>(yy/mm/dd)</i>	<i>(yy/mm/dd)</i>
Destination: <i>(country and city required)</i>		
Reason for Travel (please check one):		
<input type="checkbox"/> Present at conference:	<input type="checkbox"/> Paper accepted	<input type="checkbox"/> Decision pending
<input type="checkbox"/> Attend conference		
<input type="checkbox"/> Course		
<input type="checkbox"/> Research		

Section 4: To be completed only by students whose travel destination is outside Canada

Funding applications for travel to destinations for which the Department of Foreign Affairs has a Travel Warning will not normally be considered.

Go to: <http://www.voyage.gc.ca/dest/ctry/reportpage-en.asp>

(Check either A or B below – if completing B, all 3 boxes must be checked & all signatures obtained)

A) I have checked the Foreign Affairs website and certify that there are no Travel Warnings for my destination country and/or region as of this date.

Student Signature _____

Date _____

B) There is a Travel Warning for my destination and there are extenuating circumstances which require me to travel there.

I have obtained the approval of my advisor and the Dean of my college to travel to a destination for which Foreign Affairs has issued a Travel Warning.

Advisor's Signature _____

Date _____

College Dean's Signature _____

Date _____

I have also contacted Lynne Mitchell in the Centre for International Programs (lmitchel@uoguelph.ca) and after meeting with her, have signed the appropriate High Risk Waiver, which will remain on file in the Centre for International Programs.

Centre for International Programs _____

Date _____

Section 5

Please describe your travel plans (You may attach an additional page if necessary.)

How is this travel related to your program of study?

Itemized budget: (Please attach an itemized budget on a separate sheet explaining the costs of travel and be sure to include all other sources of funding.)

Student Signature _____

Date _____

*** Remember to attach a Financial Need Assessment form for Graduate Students if required.

Section 6

TO BE COMPLETED BY ADVISOR:

Please note that advisors have the responsibility to make a significant financial contribution to student travel especially when the travel relates directly to or is required for the student's research.

I certify that I will be contributing \$_____ toward this student's travel costs as outlined in the Itemized Budget.

Advisor's Signature _____

yy/mm/dd

