

The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The personal information collected on this form will be used to confirm your eligibility for this award.



**Department of Biology**  
**Graduate Student Conference Award – APPLICATION FORM**

**This form and attachments must be submitted prior to the Conference**

**Full-time** graduate students are eligible to apply for one or two (depending on funds) student conference travel award of **\$200 each fiscal year (September 1 – August 31)**. Awards may be used to provide partial support for travel, accommodation, food and registration fees associated with a recognized conference at which the student is presenting an authored or co-authored paper or a poster.

**PLEASE NOTE:**

- **You must be registered full-time in a graduate** degree program at the time of the conference.
- **You must be funding eligible (year 1-2 MSc or year 1-4 PhD)**

**You MUST ATTACH:**

**the acceptance letter, ADDRESSED TO YOU**, signed and on letterhead, from the conference secretariat, indicating your **participation as a presenter**.

**OR**

Hard copies of the following:

- the acceptance email**, and;
- the title page**, showing the name of the conference, location, dates, etc. from the conference program on the website, and;
- the page with your name**, the title of the paper or poster, presentation number or time, etc. from the conference program on the website.

Name:	Title:	Last Name:	First Name:
Student #:			
Queen's email:			
Department:			
Title of paper and author(s):			
Title of conference			
Location:			
Date of conference:			

Please have your supervisor (or faculty designate) sign confirming that you plan to attend this conference.

Signed:	Date:
Name (please print):	

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**Department of Biology**  
**Graduate Student Conference Award – CLAIM FORM**

**This form must be submitted no later than 1 week after the Conference**

This form must be filled out and submitted to **Joanne Surette** upon your return from the conference. **DO NOT SUBMIT RECEIPTS WITH THIS FORM.** This award will be paid in one installment directly to your bank account of record.

Accountability of how funds were spent:

Hotel Cost:	
Air/RR/Auto:	
Meals: List expenses Breakfast, Lunch, Dinner	
List Misc. Expenses:	
Total Cost:	

Name:	
Student #:	
Department:	
Title of conference:	
Location	
Date of conference:	

As supervisor (or faculty designate), I confirm that the applicant attended the conference described above.

Signed:
Name: (Please print)