

## FGPS Travel Award Application

First Name:	Last Name:
Laurier E-mail:	WLU ID:
Program & Level: Application for a conference: Yes or No Application for field research (PhD only): Yes or No	<b>*Submit Application UPON RETURN FROM TRAVEL</b> Application Cycle: <input type="checkbox"/> Fall (December 31) <input type="checkbox"/> Winter (April 30) <input type="checkbox"/> Spring (August 31)
Name of Paper or Poster (if applies):	

### Conference Details (Master's & PhD) or Field Research Details (PhD)

Conference Name or Field Research Description:	
City:	Province/State & Country:
Conference dates (if applies): MM/DD/YY to MM/DD/YY	Travel dates: MM/DD/YY to MM/DD/YY
Have you previously received funding from FGPS to present a poster/paper at a conference or for field research (PhD only)?	<input type="checkbox"/> Yes If yes, in which term(s) & year(s): <input type="checkbox"/> No

### Student Attestation

I confirm that I have read and meet the FGPS Travel Award eligibility criteria. **I have attached a copy of the conference program page that includes my presentation abstract and name** (if applies). (\*Note: this application must be completed, signed and submitted to the FGPS after your travel dates.)

**NOTICE OF COLLECTION OF PRIVATE INFORMATION:** Wilfrid Laurier University collects personal information under the authority of the Wilfrid Laurier University Act. Personal information collected by any part of the University may be used by other units in order to execute the various functions of the University and to administer the various relations between the University and its students, alumni, employees, clients, suppliers, partners, and others. Visit our privacy coordinator's web-page at [www.wlu.ca](http://www.wlu.ca) (under "Resources") for more examples of potential uses of your personal information. Questions may be directed to the coordinator at [privacy@wlu.ca](mailto:privacy@wlu.ca) or 519-884-0710, ext 3637.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Attestation and Signatures:

I confirm that this conference or field research is related to the program of study/research being undertaken.

Conference presentations: I confirm the conference is national/international in scope and is sponsored by an established, professional association. (\*Note: must be signed and dated after student's travel dates.)

Advisor's name (please print): \_\_\_\_\_ Dept.: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	Date Received:	Amount Reserved:	Authorization:
----------------------------	----------------	------------------	----------------