

**School of Exercise Science, Physical and Health Education
Student Conference Award APPLICATION**

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This section to be completed by the Applicant the event.

Student Name: _____ Student #: _____
Mailing Address: _____ Email: _____
Street: _____
City/Prov: _____ Postal Code: _____
Program: _____ Start date: _____
(e.g., BA, BSc, BEd, MA, MSc, MEd, PhD) (mon/year)

Program Name: _____ (e.g, Kinesiology, PE, RHED)

Is this your first Conference Award application: Yes No
If No, date of previous application:(mon/yr) _____

Conference Information:

Name of conference: _____
Location (City/Province/State/Country): _____
Dates of conference: _____
Title of paper/presentation/poster: _____

- Copy of abstract attached.
- Copy of acceptance by conference organizers attached.
- Undergraduate Award Recipient: _____ (please specify)

Estimated Expenses: Transportation: \$ _____
(Note: receipts will be Accommodation: \$ _____
required after the event Meals: \$ _____
to receive reimbursement.) Registration fee: \$ _____

Signature of Applicant _____ Date: _____

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This section to be completed by applicant's supervisor or program coordinator.

Please note: students will **not** be reimbursed for expenses paid for by other individuals.

Name of Supervisor or Program Coordinator: _____
(Please print)

I verify the information is correct and support this application.

Signature _____ Date _____

Submit application to: Administrative Officer, EPHE, c/o McKinnon Rm120.