



# SOCIETY of GRADUATE STUDENTS / GRAD CLUB

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## TRAVEL SUBSIDY APPLICATION FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Department: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Status:  Full time  Part-time  
*mm/yy*

Current Address

Alternate Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Travel Subsidy Criteria

- Subsidies for SOGS Members are not guaranteed, but if awarded the amount is will be up to a maximum of \$500 based on demonstrated need. The information collected by SOGS is for internal statistical purposes, and confidentiality will be maintained.
- Subsidy deadlines are the last business day of each term in April, August and the last day of operation before the Christmas break.
- Applications must be submitted within the term of the conference(s), and adjudicated within 15 business days AFTER the term deadline. Should conference(s) be out-of-town with return date after the deadline, details must be emailed to SOGS prior to deadline.
- This is a subsidy NOT a bursary. Only ORIGINAL receipts accompanying this application will be considered, or stamped copies if reimbursement\$ are indicated.
- All other revenue sources have been exhausted for financial support. ORIGINAL receipts accompanying this application will not be returned to successful applicants. Stamped copies can be made available with the total subsidy indicated.

***I understand the criteria, and agree that all information provided on both pages of this application is accurate:***

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

### For office use:

Application: _____	_____	_____
Date received	Total amount of receipts attached	Term
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Date	Amount	Cheque No.

**INCOME FOR TERM**

Income for THIS TERM: \$ \_\_\_\_\_  
 (EXCLUDING tuition & INCLUDING Internal/External Scholarships)

Spouse/Partner's Income/Contribution to household expenses for TERM: \$ \_\_\_\_\_

**Total Income for THIS TERM only:** \$ \_\_\_\_\_

**INFORMATION FOR CONFERENCE(S) ATTENDED**

*Copy of the abstract or paper presented at conference(s) MUST be included for this application to be considered!*

Name of Conference(s) \_\_\_\_\_

Location of conference(s) \_\_\_\_\_

Date of conference(s) \_\_\_\_\_

**EXPENSES RELATING TO CONFERENCE(S) ATTENDED**

[A] Please list your expenses below in the currency (as indicated on the receipts) and attach **original** receipts for each expense in this order...

<b>Conference Registration and related expenses</b> <i>(Should receipts not be provided for conference fees, proof of attendance must accompany this application)</i>	<b>Amount\$</b>	<b>Currency</b> <i>(per receipts)</i>
<b>Travel expenses</b> <i>(flight receipts must be accompanied by boarding passes)</i>	<b>Amount\$</b>	<b>Currency</b> <i>(per receipts)</i>
<b>Accommodation expenses</b>	<b>Amount\$</b>	<b>Currency</b> <i>(per receipts)</i>
<b>Meal &amp; Miscellaneous expenses</b> <i>(per diems cannot be considered)</i>	<b>Amount\$</b>	<b>Currency</b> <i>(per receipts)</i>

In order to ensure equality amongst students only **ORIGINAL** receipts can be considered! Credit card statements cannot be accepted as a receipt. Receipts not issued to applicant must accompany proof of purchase from payee.

[B]	<b>Total (CAN)</b>	\$ _____
	<b>Total (US)</b>	\$ _____
	<b>Total (Other)</b>	\$ _____

[C] Reimbursed to you (by your supervisor, department, etc.) CAN\$ \_\_\_\_\_