Department of Health, Aging & Society – McMaster University
Master of Arts in Health and Aging
Conference Travel Grants

Travel Assistance Grants offset the costs of graduate students presenting at or attending a conference, meeting or workshop related to their graduate education and/or program of study. Applications can be submitted at any time between September and June each year and will be evaluated by members of the Department of Health, Aging & Society Graduate Committee.

Name: ___________________________ Student No.: ____________ Email: ______________________

[ ] Present a Paper/Abstract/Poster   [ ] Attend a Conference   [ ] Attend a Workshop

Location:

Organization:

Date of Event:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Transportation</td>
<td>_______</td>
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<tr>
<td>Ground Transportation</td>
<td>_______</td>
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<tr>
<td>Registration</td>
<td>_______</td>
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<tr>
<td>Accommodation</td>
<td>_______</td>
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<tr>
<td>Food</td>
<td>_______</td>
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<tr>
<td>Total</td>
<td>_______</td>
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Alternate Sources of Funding

Supervisor   GSA   Faculty   Other

What other actions have you taken to secure funding?

____________________________________________________________________________

I, ____________________________, support my student’s application for funding from the
(supervisor print name here)

Department of Health, Aging & Society and I agree that it is relevant to their thesis.

_________________________________________   ______________________
Signature of Supervisor                      Date

_________________________________________   ______________________
Signature of Student                          Date
In the space below describe the contribution of the travel to program of study. If you are presenting at the conference please also include a short abstract.

** Return the COMPLETED form to the Department of Health, Aging & Society main office KTH 226

FOR OFFICE USE ONLY: _____ Approved  _____ Denied

AMOUNT (Check ONE):  ☐ $250.00 (standard)  ☐ Other amount: _______

Notes: ____________________________________________________________

Signature of Authorization: ___________________  Date: _______________

Graduate Chair/Department Chair

Revised November 2013