

**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: \_\_\_\_\_

<u>Expenses</u>	<u>Amount</u>
Air Transportation	_____
Ground Transportation	_____
Registration	_____
Accommodation	_____
Food	_____
Total	_____

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*