**Travel Grant Application**

Do not complete a ROLA for this application. If you are successful, a ROLA will be initiated for you at that time.

To submit the application, either:

1. Complete this application, sign it electronically, have your Chair sign it electronically, create a pdf, and email it to [socsci-researchofficers@uwo.ca](mailto:socsci-researchofficers@uwo.ca).
2. Complete this application, print it, sign it, have your Chair sign it, and bring it to the Dean’s Office.

#1 is the preferred option.

If you have any questions, please direct them to [socsci-researchofficers@uwo.ca](mailto:socsci-researchofficers@uwo.ca).

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| **Part I** | | | | |
| Date: |  | Department: |  |
| Name: |  | E-mail: |  |
| Telephone: |  |  |  |
| Rank: | Full Professor  Associate Professor  Assistant Professor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Part 2:** | |
| Title of the application: |
| If you were to submit this to one of the Tricouncils, which would it go to? |
| Total amount requested (maximum of $2,500): |

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| **Part 3:** | |
| Did you apply to any internal funding program in the last 12 months? Yes No |
| If yes, were you successful? Yes No |
| Do you currently hold external research funds? Yes No If so, are they related to this application? Yes No |
| Will the current project support students? Yes No If yes, how many and at what level? |

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| **Part 4:** | |
| Name of Conference |  |
| Location of Conference: |  |
| Date of Conference: |  |
| Is this an International Conference? |  |
| Has your paper or poster been accepted? |  |
| How many papers (or posters) are you presenting? |  |
| Are you playing a role in organizing the conference or a session? |  |

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| **Part 5: Abstract** |
| Please include the abstract(s) of the paper(s) or poster(s) you are presenting, attached as a separate page. |

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| **Part 6: Justification & Budget** | | | |
| Please write a 1-page maximum (11pt Times New Roman) justification for your application. Please ensure that you:  1. indicate the importance of this presentation to your research program  2. indicate any publications that you expect to follow your presentation  3. indicate involvement of students or trainees, if there is any  4. justify the budget expenses  See the FDRF information page for links to Western policies and guidelines. | | | |
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| **Expense Type** | **DESCRIPTION** | **TOTAL** |
| **If your conference travel already has been completed, please attach receipts and provide a line-by-line description of those receipts below.**  **If your conference is in the future, please provide estimates for:**  **1. Travel to destination (e.g., air, train, auto)**  **2. Accommodation costs (e.g., hotel)**  **3. Estimates for daily meal allowance; see** [**https://www.uwo.ca/finance/news/2017/meal\_allowances\_and\_per\_diems\_at\_western.html**](https://www.uwo.ca/finance/news/2017/meal_allowances_and_per_diems_at_western.html)  **4. Other expenses (e.g., conference registration fee)** | | |
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**Part 7: Funding**

| **Funding Sources** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Surname and initial(s) of principal investigator and co-investigators | Project title: | Project period: *Research* ***–*** *start and end date Travel* ***–*** *date of conference* | Funding agency or internal funding program | Type of support requested  (i.e. research, strategic, equipment, etc.) | Funds requested or received | Status  (i.e. awarded, denied, pending) |
| **a) Support held in the past 5 years, but now complete:** | | | | | | |
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| **b) Current Support:** | | | | | | |
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| **c) Support applied for (pending and denied):** | | | | | | |
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**Part 8: Highly Qualified Personnel**

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| **Student Supervision and HQP Training:** | | | | | |
|  | **Currently** | | **Over the past five years (excluding the current year)** | | **Total Number** |
|  | **Supervised** | **Co-supervised** | **Supervised** | **Co-supervised** |
| Undergraduate |  |  |  |  |  |
| Master’s |  |  |  |  |  |
| Doctoral |  |  |  |  |  |
| Postdoctoral |  |  |  |  |  |
| Others |  |  |  |  |  |
| Total Number |  |  |  |  |  |

**Part 9: CV: Please attach your full CV at the end of this application.**

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| Signature of Applicant: |  | Signature of Departmental Chair |  |
| Date: |  | Date: |  |