

WINS RESEARCH AND KNOWLEDGE MOBILIZATION APPLICATION

Note: boxes below will expand to accommodate extra text.

<u>G</u>

Cost per day:

General Information				
Applicant Name:				
Student ID:				
Program/Departmen	t:			
Year of study:				
Gender:				
E-mail:				
Name of Conference				
Location of Conference				
Dates of Conference				
Dates of Conference				
Title of talk/poster:				
Amount Requested:				
Budget All rates must comply v	vith the WLU Researd	ch Expense Guidelines.		
Travel and Transportation			Costs:	
Dates of Travel	Place	Mode		
Accommodations:	I	I		

of days

N	leals							
С	ost	# of days						
\$								
R	egistration/Conference							
0	Other Expenses: (Example: Research equipment, software etc.):							
Т	OTAL \$							
CHECKLIST I have read the guidelines/regulations for this grant/award. I have submitted my CV and transcript of grades I have submitted a letter of reference I have submitted a research statement and a budget I have submitted the conference program and/or call for papers (if applicable) I have submitted my conference acceptance letter OR I will submit the acceptance when received. (if applicable)								
Signatures The information in this application is complete and correct. Signature of Applicant								
l am	I am cognizant of this application for funding.							
Sigr	Signature of Faculty Supervisor							