



# Graduate Student Travel Award Application Form

NAME:

NSID:

E-MAIL:

PROGRAM & YEAR IN PROGRAM:

COURSE NAME & NUMBER:

COLLEGE SITE:

EMPLOYMENT STATUS:

Full-time

Part-time

Casual

Not employed

TYPE OF SUPPORT REQUESTED:

CONFERENCE *(Include name of conference and web link.):*

CLINICAL PLACEMENT:

OTHER:

DATE(S):

LOCATION:

ACTIVITY DESCRIPTION *(Include benefits to yourself as a student and any leadership opportunities.):*

DETAILED BUDGET *(Note: Food/meal costs are NOT covered):*

1. Type of Accommodation *(Excluding current/existing accommodation. Include number of nights and cost per night/week/month as applicable.):*

Accommodation Total Cost:

2. Travel *(Airfare, private vehicle, car pooling. Include distance, fuel or air costs and number of return trips planned.):*

Travel Total Cost:

3. Registration *(If applicable. Description.):*

Registration Total Cost:

4. Other *(Description):*

Other Total Cost:

DETAILED BUDGET TOTAL *(Accommodation+Travel+Registration+Other):*

I have requested funding from other sources (*Source, amount requested, amount received*):

I have sought out other arrangements to offset the cost of this activity (*i.e. carpooling with classmate, sharing accommodation with a classmate. Please provide details.*):

I understand that if I am unable to participate in this activity, I will return the bursary to the College of Nursing.

**Applications are accepted all year. E-mail to [nursing.awards@usask.ca](mailto:nursing.awards@usask.ca) .**