****

**ACADEMIC PROJECT FUND**

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| --- |
| **Please type your answers in the space provided below each item.** |
| **A. Personal information**  |
| **1. Legal name** ***The cheque will be addressed to this name***       |
| **2. Student Number**      |
| **3. Email** |
| **4. Primary Phone Number** |
| **B. Academic information** |
| **5. Faculty**      |
| **6. Department** | **7. Program****[ ]** Masters [ ]  PhD [ ]  Combined Masters/PhD |
| **C. Conference Information**  |
| **8. Conference Title**       |
| **9. Start date**  | **10. End date**  |
| **12. Conference Location****\*You are eligible for the APF only if your conference is at least 250 km from Ottawa**City:       Country:       |
| **13. Type of participation** [ ]  Presenting [ ]  Attending only |
| **D. Previous application history**  |
| **14. Have you applied to GSAÉD APF before?** [ ]  Yes [ ]  No |
| **15. YES, then please provide details below** |
| **Year of application** | **Application period****[ ]  May - July** **[ ]  August – October** **[ ]  November - January** **[ ]  February - April**  |

**STATEMENT OF EXPENSES & FUNDING**

|  |  |  |  |
| --- | --- | --- | --- |
| Receipt Date(dd/mm/yyyy) | Type | Foreign currency | In Canadian Dollars (CAD) |
| Meal | Accomodation | Total | Currency | Conversion rate |
|       | [ ]  | [ ]  |       |       |       |       |
|       | [ ]  | [ ]  |       |       |       |       |
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|       | [ ]  | [ ]  |       |       |       |       |
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|       | [ ]  | [ ]  |       |       |       |       |
| Total claim | Total de la reclamation | 0,00 $ |

If you need addition space to list receipts, please include a 2nd page

**I have enclosed the following items:**

1. Fully complete application form for the Academic Project fund (2 pages) [ ]
2. Receipts, or photocopies of receipts, for all claims (meals and accommodation only). [ ]

Make sure to include itemized receipts. Transaction records will not be accepted.

1. Personal letter stating various sources of funding. [ ]
2. Letter from the department/supervisor stating departmental travel grant contribution [ ]
3. Lettre from FGPS stating FGPS travel grant contribution (if eligible) [ ]
4. Proof of conference attendance (ex: registration receipt, official pamphlet with your name underlined) [ ]
5. A copy – both sides – of your University of Ottawa student ID. [ ]

NOTES:

1. Submission of an APF application does not guarantee any funding. All funding requests are subject to the availability of total funds and the total number of applications received.
2. Incomplete applications are not acceptable and will not be processed.
3. It is the responsibility of the applicant to submit all relevant documents.
4. All decisions of the APF Committee are deemed final and cannot be challenged.
5. The expense limit is set at $100 per day (for meals and accommodation only), for a maximum of 4 days.