## University of St. Michael's College Student Education Travel Award Application

Applicant Information		
First name		
Last name		
Student number		
Email address		
College		
Program of study		
Faculty Reference		
Name		
Department		
Email address		
Office phone		
Project Overview		
Project name		
Project location		
Date of departure		
Date of return		
Briefly describe the project and your travel plans.		
Describe your role in the project. If you are not a conference presenter or project leader, please explain how you will actively participate.		

Explain how this project fits into your past and future academic program.		
List the estimated cost of your travel expenses and your other source submit original receipts before your grant can be processed.)	es of funding. (You will be required to	
I agree to submit a total expense document (with copies of recei	pts) of my travel upon my return.	
I agree to submit a written account describing my travel upon m	y return.	
Signature	Date	