**Schulich School of Medicine & Dentistry Undergraduate Medical Education Academic Enrichment Travel Fund - Application**

|  |  |
| --- | --- |
| **Name:** |  |
| **Class of:** |  |
| **Home Address:** |  |
| **Personal Phone:** |  |
| **E-mail:** |  |

|  |  |  |
| --- | --- | --- |
| **Host Dept has denied student's request for financial support for this initiative****(attach evidence of rejected ask)** | **YES** [ ]  | **NO** [ ]  |
| **Name of National Meeting / Conference for Attendance****(attach abstract and proof of accepted abstract)** |
|  |
| **Purpose for Attending (what did you gain?)** |
|  |
| **Dates:** |  |
| **Location:** |  |

Funds Requested: $

Did you receive an honorarium for presenting?

[ ]  YES $ \_\_\_\_amount [ ]  NO

Has an alternate source of funding been secured?

[ ]  YES $ \_\_\_\_amount [ ]  NO

Initials of Applicant Date

**Checklist**

# [ ]  Evidence of host department denying student's request for financial support for this initiative

[ ]  **Abstract and Proof of Accepted abstract**

[ ]  **Original Receipts related to expenses mentioned in Travel Expense form**

[ ]  **Boarding pass attached (if applicable)**

[ ]  **Completed and signed Travel Expense Form**

**Submit to:**

undergraduate.medicine@schulich.uwo.ca

If you have questions or concerns, please contact the Undergraduate Medical Office at:

undergraduate.medicine@schulich.uwo.ca Undergraduate Medical Education Schulich School of Medicine & Dentistry Western University

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