**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](mailto:%20undergraduate.medicine@schulich.uwo.ca)

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

[undergraduate.medicine@schulich.uwo.ca](mailto:%20undergraduate.medicine@schulich.uwo.ca) Undergraduate Medical Education Schulich School of Medicine & Dentistry Western University

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