

**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
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