******Canadian Section and Ontario Chapter of TWS Student Travel Award Application
 CSTWS/OCTWS Annual Conference, 27 – 29 March 2020**

**Peterborough, ON**

**Application Deadline: March 2, 2020**

**Applicant Information**

Name (Last, First):

Email Address:

Mailing Address:

University:

Degree Sought:

Expected or Actual Graduation Date:

**Summary of why you are the best applicant to receive this grant. (maximum 500 words)**

**Summary of Conference Travel Budget**

|  |  |
| --- | --- |
| Air travel | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
| Vehicle travel | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
| Accommodations | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
| Conference registration | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
|  Total projected costs | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
|  Funding from other sources | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Funding requested from the Canadian Section** | **$ \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |

**Abstract (maximum 250 words)**

**Membership**

Are you a member of the Canadian Section of TWS? Yes \_\_\_ No \_\_\_

Are you a member of the Ontario Chapter of TWS? Yes \_\_\_ No \_\_\_

**Verification**

The undersigned assure that the information supplied is true, that the applicant meets the eligibility requirements as stated herein, and that the financial need as stated is accurate.

Student Signature Date

Advisor Signature Date

Please submit the full application form to joseph.northrup@ontario.ca with the subject line: LastName\_TWS\_Travel2020.