**UNDERGRADUATE NURSING STUDENT TRAVEL FUND APPLICATION**

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| --- | --- | --- | --- |
| **Last Name**: | | **First Name**: | |
| **UBC Student Number**: | | | |
| **Mailing Address**: | | | |
| **City**: | **Province**: | | **Postal Code**: |
| **Email**: | | | |

|  |  |
| --- | --- |
| **Conference Title**: |  |
| **Conference Location** (City & Country): |  |
| **Start date of Conference**: |  |
| **End Date of Conference**: |  |
| **Title of Paper/Poster Presented**: |  |

|  |  |
| --- | --- |
|  | **Estimated Expenses ($)** |
| **Airfare** |  |
| **Car Rental** |  |
| **Mileage** |  |
| **Other transportation** |  |
| **Meals – receipts or per diem**  *(if not included in conference registration)* |  |
| **Accommodations** |  |
| **Conference Registration** |  |
| **TOTAL** |  |

**Please check to indicate that:**

I am registered as a full-time UBC BSN student.

I have included a copy of the conference acceptance listing my name and the title of my poster or presentation.

I have attached a letter, which outlines how presenting at this conference will aid my professional development as a nurse.

I confirm that I have not previously received funds from the UBC Undergraduate Nursing Student Travel Fund.

|  |  |
| --- | --- |
| **Student Signature** |  |
| **Date** |  |

*Please note that pending application approval, all reimbursements are contingent on students providing original, itemized, and dated receipts to a maximum of $750. All claimed expenses must comply with the* [*UBC Travel Policy #83*](http://www.universitycounsel.ubc.ca/files/2010/10/policy83.pdf)*. For graduating BSN students, expenses must be reimbursed in the same calendar year as the application is approved.*