

Canadian Section of TWS Travel Award Application Joint Canadian Section/AB Chapter of The Wildlife Society March 8–10, 2024 Jasper, Alberta

Application Deadline: 26 January 2024

Contact Information:

Last Name: Click or tap here to enter text.		First Name: Click or tap here to enter text.	
Email Address: Clic	ck or tap here to ent	er text.	
Mailing Address:	Street Address 1 Street Address 2 City Province Postal Code	Enter Address1 here. Enter Address2 here. Enter City here. Enter Province here. Enter Postal Code here.	
University:	Enter University/College here.		
Degree Sought:	Enter Degree you are pursuing here.		
Expected or Actual Graduation Date: Enter Graduation details here.			

Presentation Information:

Will you be giving a presentation?	□ Yes	□ No
Type of Presentation:	Poster	🗆 Oral
Are you the Senior Author?	\Box Yes	□ No
Have you received a CSTWS Travel Award in the last year?	□ Yes	□ No

Summary of Conference Travel Budget:

Air Travel	Enter estimated amount for Air Travel
Vehicle Travel	Enter estimated amount for Vehicle Travel
Accommodations	Enter estimated amount for Accommodations
Conference Registration	Enter amount of Conference Registration
Total Projected Costs	Enter Amount of Total Projected Costs
Funding from Other Sources	Enter Amount available from Other Sources
Funding requested from the Canadian Section of TWS	Enter requested amount from CSTWS

Description of Available Funds from Other Sources for Conference Travel:

In the below space, please describe any additional monies (either in-hand or that you are applying for) that will support your travel to the Conference. Examples of other funds might include budgeted amounts in existing research grants, funds available through your College or University, and/or other applications that you have submitted to support your travel to the Conference.

Click here to describe other sources of funding that you have in place or are intending to apply for.

Verification:

Name

The undersigned assure that the information supplied on the previous page and in any attached documents is true, that the applicant meets the eligibility requirements as stated herein, and that the financial need as stated is accurate.

Student Signature	Date
of Supervisor/Advisor	Enter name of Supervisor/Advisor
Supervisor/Advisor Signature	Date

Please submit this completed and signed application ALONG WITH a copy of your abstract for your presentation/ poster (a single PDF file containing all documents is preferred) to <u>awards@cstws.ca</u> with the subject line: **CSTWS Student Travel Award 2024 Application**.