

GRADUATE AWARD APPLICATION

This application form is for students currently enrolled in the SDS Collaborative Graduate Program, for which the available awards draw on the Rayside and Hallam Graduate Student Endowment Funds.

Check appropriate category for this application:

- Conference travel
 Research field trip
 Bursary (for unusual or unforeseen shortfalls)
 Honorarium for "engagement" projects

Please Note:

For all applications, provide a C.V. or résumé. For conference travel, please arrange for your supervisor to send a brief note in support of your application and include it with this form.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
ARE YOU AN INTERNATIONAL STUDENT?	STUDENT NUMBER	PRIMARY PHONE #
EMAIL ADDRESS		
HOME FACULTY/ACADEMIC UNIT	PROGRAM/AREA OF STUDY	YEAR OF STUDY
NAME OF SUPERVISOR OR FACULTY MEMBER MOST FAMILIAR WITH YOUR WORK		CONTACT #/EMAIL FOR SUPERVISOR
TOPIC OF THESIS/PRIMARY RESEARCH INTEREST		

CONFERENCE TRAVEL

NAME OF CONFERENCE	LOCATION	DATE(S) OF CONFERENCE
TITLE OF PAPER (INDICATE IF CO-AUTHORED)		
HAVE YOU PRESENTED THIS OR A SIMILAR PAPER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE AND WHEN?	
HAVE YOU APPLIED FOR AND/OR RECEIVED OTHER SUPPORT FOR THIS CONFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PROVIDE DETAILS.	
ESTIMATED COST OF TRAVEL TO AND ACCOMODATION AT CONFERENCE? ATTACH ANY RELEVANT SUPPORTING DOCUMENTATION.		
PLEASE EXPLAIN THE RELEVANCE OF THIS CONFERENCE TO YOUR RESEARCH.		

RESEARCH FIELD TRIP

DESTINATION	DURATION
HAVE YOU RECEIVED OTHER SUPPORT FOR THIS OR RELATED FIELD TRIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PROVIDE DETAILS.
ESTIMATED COST OF TRAVEL TO AND ACCOMODATION AT CONFERENCE? ATTACH ANY RELEVANT SUPPORTING DOCUMENTATION.	
PLEASE EXPLAIN THE RELEVANCE OF THIS FIELD WORK TO YOUR RESEARCH.	

BURSARIES

PLEASE LIST ALL FUNDING YOU CURRENTLY RECEIVE FROM THE UNIVERISTY OF TORONTO AND ANY ADDITIONAL FUNDINGS SOURCES FROM MAJOR GRANTING AGENCIES.	
HAVE YOU APPLIED FOR BURSARY ASSISTANCE ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PROVIDE DETAILS.
ON A SEPARATE PAGE, PLEASE OUTLINE THE EXTENT OF YOUR FINANCIAL NEEDS, AND ANY BACKGROUND OR CIRCUMSTANCES THAT WILL AID THE GRADUATE PROGRAM COMMITTEE IN MAKING ITS DECISIONS	

ENGAGEMENT PROJECT PROPOSALS

ON A SEPARATE PAGE, PLEASE OUTLINE THE INITIATIVE YOU ARE PROPOSING AND YOUR RELEVANT EXPERIENCE. IF THE INITIATIVE YOU PROPOSE ENTAILS COSTS BEYOND THE HONORARIUM, OUTLINE THOSE COSTS.
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DECLARATION

If selected I am willing to have my name published as a recipient of this award. YES NO

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to The Mark S. Bonham Centre for Sexual Diversity Studies Graduate Program Committee. I further authorize the Graduate Program Committee to view, print and otherwise access my student record and transcript for the sole and express purpose of considering me as a potential recipient of the awards for which I am applying.

SIGNATURE

DATE