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**STUDENT RESEARCH AND CONFERENCE GRANT APPLICATION**

**Application Form**

Full Name of Student:

Date of Application:

Degree Program (e.g., Psychology Honours):

Email address (required for reimbursement):

Mailing address, including postal code (required for reimbursement):

Title of Project:

Ethics Approval (tick one):

⃝ **Yes.** If this project requires/d ethics approval an Ethics Approval certificate must be attached

⃝ **No.** This project does/did not require ethics approval

Purpose of Application (tick one or both):

⃝ Support research project

⃝ Support conference presentation

**Project Description & Rationale** In no more than 1 page, attach to this application a single-spaced, size 12 font, with 1 inch margins (may include an extra page for references) document that clearly and concisely address the following:

● Reason(s) you are making this application.

●A brief description of the research objectives and its outcomes.

For applications made in **support of a research project** list here the resources needed and their associated cost.

| **Item** | **Amount (CDN $)** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Amount Requested to be Reimbursed**  **(CDN $) =** |  |

For applications made in **support of a conference presentation** complete the following.

1. Conference name, location, & dates:
2. Title of ACCEPTED conference paper/poster (MUST attach confirmation from conference organizers):
3. Complete the table below:

| **Associated costs** | **Amount (CDN $)** |
| --- | --- |
| Conference Fee |  |
| Accommodation (most economical) |  |
| Travel (most economical) |  |
| Subsistence |  |
| Other (describe) |  |
| **Total Amount Requested to be Reimbursed (CDN $) =** |  |

I declare that the information contained in this application is accurate and complete to the best of my knowledge and that the funds are required to support my capstone project or Honours research, and/or the presentation of my project or research. I agree to abide by the policies of St. Mary’s University. I am aware that if I receive a grant and the expenses submitted total more than the grant that was awarded, the over expenditure is my personal responsibility.

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Full Name of Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Faculty Sponsor

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Signature of Faculty Sponsor Date