



# Funding for Educational Leadership

## APPLICATION

FOR ADMINISTRATIVE USE ONLY

***Please note: This grant is for faculty in the Educational Leadership stream only***

DATE RECEIVED
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<b>IDENTIFICATION</b>	
APPLICANT'S LAST NAME:	APPLICANT'S FIRST NAME:
DEPARTMENT:	JOB TITLE/RANK:
<b>CONTACT INFORMATION</b>	
TELEPHONE:	E-MAIL ADDRESS:
<b>REASON FOR TRAVEL</b>	
CONFERENCE	COLLABORATION
DESTINATION:	DATE (S) OF TRAVEL:

<b>BUDGET</b>	
	<b>ESTIMATED COSTS</b>
<b>1. TRAVEL</b>	
<b>2. ACCOMMODATIONS</b>	
<b>3. MEALS/SUBSISTENCE</b>	
<b>4. CONFERENCE REGISTRATION FEES</b>	
<b>5. OTHER (SPECIFY)</b>	
<b>SUBTOTAL</b>	
<b>FUNDING AVAILABLE FROM OTHER SOURCES</b>	
<b>TOTAL AMOUNT REQUESTED</b>	

**SUMMARY OF PROPOSED ACTIVITIES**

In the space below, please describe the collaboration activities or the reason for the conference. Please attach a copy of the abstract if you are presenting.

<b>SIGNATURE SECTION:</b>		
<b>TO BE COMPLETED BY APPLICANT:</b>		
<b>PLEASE READ AND SIGN:</b>		
I verify that all the information contained within this application is true and complete, to the best of my knowledge. I also confirm that funding to attend this conference/event is not readily available from other research grants.		
<b>APPLICANT</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>TO BE COMPLETED BY DEPARTMENT HEAD:</b>		
Departmental Contribution to Travel Grant (Optional):		
YES	No	If yes, what amount:
<b>PLEASE READ AND SIGN:</b>		
I certify that I have read this travel grant application, including the budget, and I am supportive of the applicant's proposed activities.		
<b>DEPARTMENT HEAD</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>

Once application is completed and signed, please submit the application and an up-to-date UBC CV to [fos.research.ubco@ubc.ca](mailto:fos.research.ubco@ubc.ca)  
For more information, contact [fos.research.ubco@ubc.ca](mailto:fos.research.ubco@ubc.ca)

**APPROVED**

**DENIED**

**REASON(S) FOR DENIAL:**

Dr. Lael Parrott  
Associate Dean, Research and Faculty