



Faculty of Kinesiology and
Recreation Management

GRADUATE STUDENT TRAVEL AWARD GUIDELINES FOR FUNDING

The main objective of this award is to provide graduate students in the Faculty of Kinesiology and Recreation Management with the opportunity to participate in and to present their research at an academic conference; the objective being an enhancement of their academic credentials and professional development, through exposure to the national or international scientific community.

Guidelines

The maximum value of the award is \$750 per student.

- A. To be eligible for a travel award, a student must be:
1. enrolled in the M.Sc. or M.A. program in the Faculty of Kinesiology and Recreation Management or a maximum of 4 months after your convocation day to attend and submit your application giving you the opportunity to present your final findings.
 2. Conference roll
 - Presenting a paper
 - Participating in a poster presentation
 - Participating in a symposium
 - Panel moderator
- B. Students and faculty members should note that there are other sources of funding that may be appropriate to pursue (Faculty of Graduate Studies, GSA, research grants, etc.). Priority will be given to students who have sought or secured funding from other sources.
- C. Booking of travel and authorization for payment will be made in accordance with the University of Manitoba policies.
- D. Applications should be submitted to [Jody Bohonos](#), Graduate Program Coordinator, 203 Active Living Centre, 474-7806 prior to the conference. Travel grant awards will not be awarded retroactively. That is, awards will not be given for conferences that have already occurred. Students should also submit a *copy of their letter of acceptance* for their presentation at the conference. The student's advisor must sign the application. The signature will be taken as their endorsement of the request. Please allow up to three weeks for processing applications.
- E. In all cases, support will be made via reimbursement for expenses incurred, not provided to students up-front. Students will be responsible for booking their own travel. Booking of travel and authorization for payment will be made in accordance with the University of Manitoba policies. Please consult [Tracey Clifton-Hanslip](#) for more information.

- F. Upon return, students are asked to provide the Associate Dean (Research and Graduate Studies), a brief (one page) description of their experience at the conference. This reflection is due within one week of their return along with all original receipts and parts A-C completed on the Student Travel Claim form located at:
https://umanitoba.ca/admin/financial_services/media/Guest_Student_Travel_and_Business_Expense_Claim_form.pdf Once completed, please return to Jody.Bohonos@umanitoba.ca
- G. The Associate Dean (Research and Graduate Studies) reserves the right to deny funding should the request not be in keeping with the objectives or if funds are not available.
- H. AHS PhD students with a primary advisor in FKRM may be considered for funding after proof of exhausting all avenues of funding and in consideration of FKRM budget allowance.



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FKRM Graduate Student Travel Funding

Student Name: _____ Student # _____ Advisor: _____

Conference Name: _____

Location: City: _____ Prov/State: _____ Country: _____

Dates: From: _____ To: _____ (Date Format: DD/MMM/YYYY)

Title of Paper/Poster _____ Authors listed on Abstract: _____ Please describe the student's role in the conference:

Presenting a paper

Participating in a poster presentation

Participating in a symposium

Panel moderator

Other: _____

Additional Funding you have applied for:

Funding Source	Applied		Amount Awarded	Funding Source	Applied		Amount Awarded
FGS	Yes	No		Advisor	Yes	No	
UMGSA	Yes	No		Other	Yes	No	

Have you received a FKRM Travel Award within the last two years?

Yes No

Copy of letter of acceptance is:

Attached Not applicable Why? _____

If you do not have a letter of acceptance, please attached proof of involvement (ie.agenda)

Student Signature: _____ Date: _____

Advisor Signature: _____ Co-Advisor Signature: _____

Associate Dean

Approval Signature: _____ Date: _____