

Please outline the travel / activity / event and its relevance on your practice. Include information as pertains to your area of research or studio practice and level of participation in the event / activity. (Why is this activity important to you and how will it better inform your practice)

I understand that the budget outlined in this application will be reviewed by a committee and must be accurate. The committee reserves the right to audit all activity expenses and the applicant understands any expenses must be verified by original receipts upon return from travel up to the amount awarded.

Signature

Date

Projected Expenses

Transportation	Car	Train	Plane	Bus	\$
Activity Fee (Conference / Attendance)					\$
Accommodations					\$
Total					\$

You will be required to submit receipts for the amount awarded at the conclusion of the travel.

Declaration and Agreement

I declare that the information provided on this application is a complete and accurate statement. I understand that any misinterpretation resulting in the award of a travel grant may result in having to re-pay the funds to the University. I authorize NSCAD University to verify the information contained in this application if required. I understand that it is my responsibility to discuss absences from classes prior to departure with my faculty and obtain their consent to be absent during this study time. In submitting this application, I recognize that the Committee may be reviewing my transcript and academic file.

Signature: _____

Date: _____