

# GESSA RTF APPLICATION

**APPLICANT NAME:**

**DATE:**

Please note that we only fund activities that ended in the previous funding cycle.

| DEADLINE (check one): | FOR ACTIVITIES CARRIED OUT BETWEEN:            |
|-----------------------|--|
| September 15          | April to the first day of classes in September |
| January 15            | September to January                           |
| April 15              | January to April                               |

**A. CATEGORY** – Please select only one (one application per activity)

- (1) THESIS / MAJOR PAPER / MAJOR PROJECT – maximum of \$500
- (2) CONFERENCE (PRESENTING) – maximum of \$500
- (3) CONFERENCE (ATTENDING) – maximum of \$300
- (4) SKILL DEVELOPMENT – maximum of \$300
- (5) COURSE REQUIREMENTS – maximum of \$200

**B. APPLICATION CHECKLIST** - Please ensure that the application is complete – incomplete applications will **not** be accepted.

COMPLETED APPLICATION FORM

DETAILED BUDGET WITH ALL RECEIPTS

COVER LETTER on nature of activity, results and relation to plan of study

ADVISOR SIGNATURE verifying relevance to plan of study (can include on cover letter)

SUPPORTING DOCUMENTATION – e.g. conference brochure, executive summary, letter from employer, etc.

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## C. PERSONAL INFORMATION

|  |                                    |
|--|------------------------------------|
| FULL NAME:   |                                    |
| STUDENT #:   | PROGRAM/YR OF STUDY:               |
| ADVISOR (S):   |                                    |
| MAILING ADDRESS:   |                                    |
| CITY:  | POSTAL CODE:                       |
| PHONE NUMBER:  | EMAIL:                             |
| CHEQUE DELIVERY (where possible we would prefer to put cheques in your FES box): | MAILED TO ABOVE ADDRESS<br>FES BOX |

## D. ACTIVITY INFORMATION

|  |        |
|--|--------|
| TYPE OF ACTIVITY (conference, research, course, etc.): |        |
| ACTIVITY TITLE:  |        |
| ORGANIZATION NAME (if applicable):                     |        |
| TOTAL AMOUNT OF FUNDING REQUESTED:                     |        |
| LOCATION:  | DATES: |
| BRIEF DESCRIPTION:                                     |        |

## E. OTHER FUNDING – Please list funding you have received and/or have applied to receive for this activity

| FUNDING SOURCE | AMOUNT | GRANTED? Yes or no |
|----------------|--------|--------------------|
|                |        |                    |
|                |        |                    |
|                |        |                    |

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**Please make sure your application is complete with all required documentation.**

GESSA will review your completed application and notify you of your award within one month of the deadline. Please note that due to the number of applications we receive, we can not guarantee an award of the maximum amount in the category you are applying for. We will try our best to provide you with as much as possible to support your development in FES and the community.

SIGNATURE OF APPLICANT

DATE \_\_\_\_\_

**GESSA INTERNAL USE ONLY**

|                             |                   |
|-----------------------------|-------------------|
| APPLICANT NAME:             |                   |
| DATE RECEIVED BY GESSA:     |                   |
| APPLICATION COMPLETE (Y/N): | CATEGORY:         |
| AMOUNT REQUESTED:           | AMOUNT ELIGIBLE:  |
| REVIEWER'S COMMENTS:        |                   |
| AMOUNT AWARDED:             | DATE OF DECISION: |
| DATE AWARD SENT:            | MAILED OR IN BOX: |