

**Faculty of Arts Conference Fund**

**APPLICATION FORM**

Completed applications and all required supporting documentation, must be combined into a single PDF document and submitted electronically to [resarts@ualberta.ca](mailto:resarts@ualberta.ca).

Applications received in hard copy will not be accepted or considered for adjudication.

* Any existing call for proposals, draft program, or other such documents must be attached to this application as supporting documentation**.**
* Failure to include the required supporting documentation will result in automatic disqualification of the application.

**HOST:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name:** |  | | | |
| **Email Address:** | @ualberta.ca | | **Phone:** |  |
| **Department:** |  | | **Address:** |  |
| **Faculty:** | | **Student:** | | |

**CONFERENCE INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Short Title of Conference, Symposium, or Colloquia:** | | | | |
|  | | | | |
| **Location: *(must be in Alberta)*** | | **Dates/Duration:** | | |
|  | | From: | | To: |
| **What is the sponsoring organization?** | | | | |
|  | | | | |
| **Is this a regularly held conference?** | | Yes: | | No: |
| **If Yes, where have the last 3 occurrences of this conference been held?** | | | | |
| **City, Country** | **Year of Conference** | | **Total Conference Budget** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |

**CONFERENCE DESCRIPTION:**

*(Describe your conference and explain the nature, purpose, and importance of the conference, topics to be addressed at the conference, relation to UAlberta, role of trainees, how the Faculty of Arts will be recognized, and how these conference funds will be used to support your activities and enhance your conference.)*

**ANTICIPATED ATTENDANCE:** *(Indicate numbers expected from various areas)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attendees** | **UofA** | **Other Canada** | **Other Countries** | **Total # of People** | **Registration Fee/ Person** | **Total Registration Fee** |
| Faculty |  |  |  |  |  |  |
| Students |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| **TOTAL:** | | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Speakers and Presenters** | **UofA** | **Other Can** | **Other Countries** | **Total** |
| Keynote Speakers |  |  |  |  |
| Paper Presenters |  |  |  |  |
| **Total:** |  |  |  |  |
| **TOTAL:** | | | |  |

**EVIDENCE OF APPLICATION FOR OTHER FUNDING SUPPORT FOR THIS CONFERENCE:** *(Provide details of other funding applied for and/or confirmed.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of Funding** | **Confirmed**  **(Y/N)** | **Amount Requested** | **Amount Confirmed** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ESTIMATED CONFERNCE BUDGET:** *(Please add more lines if necessary)*

|  |  |
| --- | --- |
| **Itemized Detail** | **Estimated Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Estimated Budget:** | $ |

**FUNDING REQUESTED:**

* *Full Conference Fund Grants -* ***Up to $2,000****: Full Conference Fund grants are for conferences, symposia, or colloquia held on campus or in Edmonton*
* *Off Campus Conference Fund Grants -* ***Up to $1,000****: Conferences, symposia, or colloquia held off campus (within Alberta)*
* *Partial Conference Fund Grants -* ***Up to $1,000****: Partial Conference Fund grants are for conferences, symposia, or colloquia with three or fewer speakers for one day or less, particularly those focused on a single theme and targeted to a modest, essentially local audience.*

**Please enter the amount requested from the Faculty of Arts Conference Fund:** $

**SIGNATURES:**

**Applicant:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Applicant Signature** | **Applicant Name** | **Date** |

**Faculty Advisor responsible for the project/grant:** *(if applicant is a student)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Faculty Advisor Signature** | **Faculty Advisor Name** | **Date** |

**Department Chair:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Chair Signature** | **Chair Name** | **Date** |

**Dean:** *(If applicant is Department Chair)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Dean Signature** | **Dean Name** | **Date** |