



**2016  
Conference Subsidy  
Application Form**

**Applicant Name:**

\_\_\_\_\_ *Last* \_\_\_\_\_ *First*

**Student or other:**

Yes  No  Clinician  Lived Experience

**Applicant Position/Title:**

\_\_\_\_\_

**Name of Organization:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_ *Mailing Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code*

**Work Phone:** (     ) \_\_\_\_\_ **Cell Phone:** (     ) \_\_\_\_\_

**Home Phone:** (     ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Required Information to be included with Application Form**

*Please note there are limited number of subsidy awards will be paid from the subsidy requests. Subsidy requests will be awarded to students and those with lived experiences who would be unable to attend the conference. Please indicate why you are applying for subsidy:*

Conference Registration	\$
Total Amount Requested	\$
<b>Office use only</b>	
Approved	
Denied	

Please e-mail this completed subsidy form to [Prairiehealthconference@brandonu.ca](mailto:Prairiehealthconference@brandonu.ca)  
**Deadline September 15, 2016.** I certify that the information given is, to the best of my knowledge and ability, complete, true and correct and this will also apply to all information given in the future in connection with the Conference Subsidy Application Process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date