

 **ASSOCIATION CANADIENNE DES SLAVISTES**

 **CANADIAN ASSOCIATION OF SLAVISTS**

**Travel Grant Application 2022**

**Annual Conference, 13–15 May 2022, Virtual Format**

Conference grants are available to **fully paid-up graduate student members of the Canadian Association of Slavists** who are scheduled to deliver papers at the Annual Conference. Given the virtual format of the conference, (travel) grants may be used for registration costs for this year only. The value of a grant will depend on the number of applicants.

Please **print out** this questionnaire and return it **by 1 May 2022** by **preferably** **e-mail** (scanned pdf form with signature in attachment and “CAS Travel Grant Application” in the subject line), fax, or snail mail to:

Dr. Joy Demoskoff, Secretary-Treasurer

Department of History, Briercrest College and Seminary, 510 College Drive, Caronport, SK, S0H 0S0

tel. 306-756-3207; fax 306-910-9350; e-mail: **jdemoskoff@briercrest.ca**

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Name (as you would like it to appear on your cheque) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of paper to be delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a **fully paid-up student** member(circle one): Yes No

My grant request is as follows:

Conference Registration Costs $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grants expected from other sources (Subtract from request ) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net request from CAS $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a copy of your invoice or other printed evidence of the conference cost**

I hereby certify that I am a fully paid-up member of the Association and that the request above represents a true statement of my expenses.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_