

## Science Education Conference Awards 2021 Application Form

McGill ID [REDACTED]	Last Name, First Name [REDACTED]	Position (Student, Lecturer, Staff Member, Faculty) <i>*Students, please indicate expected date of graduation.</i>		
Department/Program/Unit		Email Address [REDACTED]		
<b>CONFERENCE DETAILS</b>				
Title of Conference & Website				
Indicate the start and end date of the conference DD/MM/YYYY			Location	
From	To			
<b>BUDGET DETAILS (CAD)</b>				
Transportation expenses	Accommodation expenses	Registration Fees	Meals (not included in conference)	Cost of Materials
<b>Total Requested Amount (CAD)</b>			Please indicate any additional sources and amounts of funding for this conference, approved or applied for (if there are no other sources, please write "NONE").	
<b>ADDITIONAL INFORMATION</b>				
Please describe why you want to attend the conference, and what you hope to learn in terms of science education (250 words maximum):				
Please include your ideas for sharing your experience within the McGill community. If you wish to discuss these ideas with the Office of Science Education (OSE) staff prior to the submission of your application, please contact our office (150 words maximum):				
If you are submitting a proposal, please provide the title and abstract here (could be a draft):				
[REDACTED]				

**CONTACT INFORMATION**

Marcy Slapcoff, Director  
Office of Science Education  
Faculty of Science  
[ose@mcgill.ca](mailto:ose@mcgill.ca)



**EXPECTATIONS OF AWARDEES**

By signing this form, you agree to these conditions:

- You are a McGill student, staff member or instructor at the time of the conference.
- You will participate fully in the conference by attending sessions and/or presenting.
- If presenting, you will provide your final abstract for the OSE website.
- Upon return from the conference, you will share ideas and experience with the McGill community (this could be a presentation to your home department and/or at an OSE event).
- You will participate in an evaluation of the SECA program (a follow-up survey and/or interview).

**SIGNATURES**

By signing below, the applicant certifies all information given in this document is true and correct to the best of their knowledge, and agrees to the Expectations of Awardees as listed above.

 _____ Applicant's name (please print)	_____ Date	_____ Office of Science Education (please print)	_____ Date
 _____ Signature		_____ Signature	

**TO BE COMPLETED BY THE OFFICE OF SCIENCE EDUCATION**

Approved conference award amount: CAD