

## FACULTY OF COMMUNITY SERVICES

# STUDENT CONFERENCE SUPPORT GRANT

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The **Faculty of Community Services Student Conference Support Grant** aims to provide funding to students in the Faculty of Community Services who have had a paper accepted and who have been invited to attend an academic conference.

### APPLICATION AND SELECTION DEADLINES

September 23, 2015	Application forms and guidelines available to the Ryerson community.
October 23, 2015 at 4PM	Application deadline to the Faculty of Community Services Dean's Office.
November 9, 2015	The Faculty of Community Services Dean's Office will notify applicants and confirm payment options by December 5, 2014.
Fall 2016	Students will present their experiences at the Fall 2016 Student Achievement Celebration.

### VALUE

This grant will provide financial support of up to \$500 for conferences held in Ontario and up to \$750 for conferences held outside Ontario.

### ELIGIBILITY

The Faculty of Community Services Student Conference Grant is available for students enrolled in a Faculty of Community Services undergraduate and graduate degree program.

To be eligible students must:

- Be enrolled in a full-time or part-time undergraduate and graduate program within the Faculty of Community Services.
- Grants are to support conference trips during the student's enrollment at Ryerson and must be related to their academic field.
- The paper must be accepted by a peer-reviewed conference. Please note that applications will still be accepted if the presentation is pending confirmation. Applications will be reviewed when confirmation is submitted.
- Applicants must be listed as one of the authors on the conference paper, poster or other presentation format.

### APPLICATION / NOMINATION INFORMATION

Complete all forms in full (including all required signatures); single sided pages only. Incomplete forms will not be considered.

A completed application must include (please check):

- Brief abstract of the paper.
- Confirmation of paper being accepted at conference.
- A brief description of:
  - How the results of this activity be disseminated to your program and/or the larger faculty/university community
  - How this conference is relevant to your course of study and career path?
  - Your role and level of involvement in this research study and/or paper?
- One letter of support by a Ryerson University faculty member who is familiar with the work of the applicant, related to this grant.
- Signed Ryerson University Photography/Film Consent form.
- Budget form.
- An outline of your plan for information sharing at Ryerson upon your return. This must include confirmation of the student's participation in an information sharing session hosted by the Faculty of Community Services in Fall 2016 (this pertains to students who will have graduated at that time also).

Applications will be considered based on:

- Overall merit of the application.
- Level of participation in the research project or paper.
- Direct relevance to the applicant's course of study and career path.
- Priority will be given to first-time recipients of the grant.

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### POSTER PRESENTATION

The recipient will be required to present at the Fall 2015 Student Achievement and Awards Celebration to report on their project and conference experience.

### STUDENT DETAILS

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ryerson E-mail: \_\_\_\_\_

Student's Program & Year: \_\_\_\_\_ Courses Completed: \_\_\_\_\_ CGPA: \_\_\_\_\_

### CONFERENCE DETAILS

Presentation Title: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Location (City and Province/Country): \_\_\_\_\_ Date of Conference & Duration of Stay: \_\_\_\_\_

### STUDENT'S PROGRAM DEPARTMENT ACKNOWLEDGEMENT

(THIS CONFIRMS THAT THE STUDENT'S PROGRAM IS AWARE THAT THE NOMINATION IS BEING PUT FORWARD)

Field Placement Officer: \_\_\_\_\_ Program: \_\_\_\_\_

Ryerson Phone: \_\_\_\_\_ Ryerson E-mail: \_\_\_\_\_

Signature of Field Placement Officer \_\_\_\_\_ Date: \_\_\_\_\_

I verify this placement is towards an academic credit Course Code (re: placement): \_\_\_\_\_

### FOR MORE INFORMATION

Contact: Alison Finney, Community Relations Officer, Faculty of Community Services  
Email: [afinney@ryerson.ca](mailto:afinney@ryerson.ca) | Phone: 416-979-5000 Ext. 7878


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**BUDGET**


Please complete this form. When awarded, funds will be disbursed on a reimbursement basis and original receipts must be submitted. Please note that all receipts claimed are to be received within 7 days upon return. The Dean's Office can discuss advance payment options upon request.

<b>Revenue</b>	
1. Program funding	\$
2. Other Ryerson source(s) *please identify	\$
3. External source(s) *please identify	\$
4. Personal funds	\$
5.	\$
6.	\$
<b>Total (Sum 1 to 6)</b>	\$



7. \$.
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<b>Expenses</b>	
8. Registration fees	\$
9. Transportation (please itemize)	\$
10. Food/Meals	\$
11. Accommodation (please provide details)	\$
12. Other (please provide details)	\$
13.	\$
<b>Total (Sum 8 to 13)</b>	\$



14. \$.
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Total Revenue (Line 7)	\$
Total Expenses (Line 14)	\$
Balance (Line 7 - Line 14)	\$
<b>Amount Requested from FCS</b>	\$

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**RYERSON UNIVERSITY PHOTOGRAPHY / FILM CONSENT FORM**

I do not consent OR

I, the undersigned subject, hereby authorize Ryerson University, its employees, agents, associates, assistants or subcontractors to photograph/film me. I grant Ryerson University the right to use, publish and display or permit the use, publication and display of audio-visual or digital recordings, negatives, slides, prints or other electronic images of me (collectively, "my Photographs") at their sole discretion in any publication, multimedia production, display, advertisement or Internet publication worldwide in connection with activities relating to the educational, administrative or statistical purposes of Ryerson University, such as promoting, publicizing or explaining the University or its activities, for research, trade or fundraising related purposes or for other consistent purposes. I agree that Ryerson University may use my name, likeness or biographical information, as I may supply.

I agree that all of my Photographs shall constitute the property of Ryerson University and I hereby waive any right to inspect or approve the use of my photograph and my name or of any written copy. I release and forever discharge Ryerson University, its Board of Governors, agents, officers and employees from any and all claims and demands arising out of or in connection with the use of my Photographs. I waive any and all copyrights, intellectual property rights, privacy rights, moral rights and any other rights that I have in my Photographs. I acknowledge that I am not entitled to and shall not seek any compensation fees or royalties of any kind, arising in any way from my consent to the taking of my Photographs, irrespective of whether my Photographs are used or not, and that nothing contained herein shall entitle me to have any of my Photographs.

I have read this Consent Form before signing below, and I fully understand its contents, meaning and impact and that it is binding on me and my heirs, executors, administrators and assigns.

Pursuant to Ontario's *Freedom of Information and Protection of Privacy Act*, I consent to the collection of my personal information in the form of my Photographs and my name by Ryerson University, its employees, agents and representatives to be used for the purposes and disclosed to third parties as described above.

Signature of Subject: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Ryerson e-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice:**

Personal information in the form of my Photographs and my name are collected by Ryerson University under the authority of Ontario's *Freedom of Information and Protection of Privacy Act* and the *Ryerson University Act, 1977*. If I have any questions about the collection of personal information by Ryerson University, I can contact the Ryerson University Information and Privacy Co-ordinator, 350 Victoria St., Toronto, ON M5B 2K3, tel. 416-979-5000 ext. 4676.