# CTConfForm: Application Form for Conference Funding for Current Trust Scholars

PhD scholars in receipt of a full Trust scholarship (full fees and maintenance) should use this form to apply for conference funding.

If your scholarship includes a research grant, please do not complete this form; email the Awards Team at cambridge.trust@admin.cam.ac.uk for advice.

For general additional funding conditions please see the Trust's website here - Guidance for awardees - The Cambridge Trust

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If you are a PhD scholar in receipt of a full Trust scholarship (full fees and maintenance), you are eligible to apply for up to £500 to attend one conference.

The conference must be relevant to your studies, without compromising your plans for submission of an electronic copy of your thesis for examination and have approval from your Supervisor or Course Director.

Retrospective applications will not be considered.

Applications must be sent to the Trust at least 6 weeks before a decision is required.

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**How to apply:**

- Complete **Part I** of this form. **Incomplete forms will delay consideration**.
- Forward the form to your Supervisor or Course Director to complete **Part II**.
- Your Supervisor or Course Director should then submit the fully completed form to the Trust at cambridge.trust@admin.cam.ac.uk

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## Part I *to be completed by the Scholar (all fields must be completed, please)*

| | | |
|---|---|---|
| Name: | | |
| USN: | | |
| Degree & subject: | | |
| Which year of your study will you be in when you attend this conference? | First Year | ○ |
| | Second Year | ○ |
| | Third Year | ○ |
| College: | | |
| Scholarship: | | |
| Your email: | | |

| | |
|---|---|
| *Please put the name of the person best placed to sign-off this application - only one name, please* | |
| Name of your Course Director or Supervisor: | |
| Email address of your Course Director or Supervisor: | |

| | |
|---|---|
| What is the name of the conference: | |
| Where is the conference taking place: | |

When is the conference (DD-MM-YY):

| | | | |
|---|---|---|---|
| From: | | To: | |
| Are you presenting at this conference: | Yes ○ | No ○ | |
| Total cost to attend this conference (GBP £): | | | |

Please provide details of any confirmed funding you have in place from other sources for this conference (GBP £):

*Please enter amounts for all that apply – if you do not have any other funds in place, please leave this section blank*

| Source: | Amount: |
|---|---|
| College | |
| Department | |
| Supervisor | |
| Personal Savings | |
| Other *(please specify below)* | |
| | |
| TOTAL | |

| | |
|---|---|
| How much funding do you require from the Trust (GBP £): *Please note the maximum amount we can consider is £500* | |

| Briefly explain how this conference relates to your study |
|---|
| |

## Scholar Declaration and Signature

I confirm that I have read the important information and guidance on page 1 and understand that:

- If made an award, I need to prepare and send the Trust a brief summary/report within 2 weeks of attending the conference
- My application and conference report may be shared with my funding partner (if I have one) and I am happy for these to be shared as required
- If I do not attend the conference, I must return any funding offered

| **Scholar signature:** *(Electronic signature is fine)* | **Print name:** | **Date:** |
|---|---|---|
| | | |

**Please send your completed form to your named Supervisor or Course Director for them to complete Part II**

## Part II *to be completed by the Supervisor or Course Director*

Supervisor or Course Director is requested to complete this section and email the fully completed form to cambridge.trust@admin.cam.ac.uk

| | | | |
|---|---|---|---|
| Name: | | | |
| Telephone: | | | |
| Email: | | | |
| Relationship to applicant:<br>*Please put an X by the relevant option* | Supervisor | ◯ | |
| | Course Director | ◯ | |

Why does this application have your support? *(e.g. how this conference is relevant to the applicant's study and how it fits with their plans for completion)*

**Declaration and signature**

We may need to share this application with funding partners. Are you happy for your comments to be shared?
*Please put an X by the relevant option*

| | | | |
|---|---|---|---|
| Yes | ◯ | No | ◯ |

I confirm that:

- I am aware of - and support - the applicant's plan to apply for this conference
- Attendance at this conference will directly benefit the applicant's study

| **Signature:**<br>*Electronic signature is fine* | **Print name:** | **Date:** |
|---|---|---|
| | | |