



THE UNIVERSITY OF BRITISH COLUMBIA

Edwin S.H. Leong Centre for Healthy Aging

Faculty of Medicine

Updated: 11/1/2023

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**Edwin S.H. Leong Centre for Healthy Aging  
Trainee Travel Stipend Application Form**

**First and Last name(s) of applicant**

**Current position at UBC**

**Department and Faculty**

**Supervisor(s)**

**Name of Conference attending**

**Date of Conference**

**Location of Conference**

**Role in Conference (e.g. oral or poster presentation)**

**Use of Fund:** Please provide a brief description of how much funding is being requested (up to \$500) and the expenses for which reimbursement is being sought

**Research Project:** Please provide a brief description (150 words max) of the project being presented, including the objectives, main findings/implications, and applicant's role in the project.

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