

**THE CHINESE UNIVERSITY OF HONG KONG
SHAW COLLEGE**

No. _____

Conference Grant Application Form

1. Particulars of Applicant

Name: (Prof./Dr./Mr./Ms./Mrs.) _____

Department : _____ Post / Rank: _____

Staff ID: _____ Phone / Email: _____

2. Details of Conference

Event : _____

Place : _____ (City) _____ (Country)

Date : From _____ (ddmmyy) to _____ (ddmmyy)

Yes / No Has your academic leave been approved by the Faculty/Office concerned?
(Please enclose a copy of Application Form for Academic Leave)

3. Details of Paper(s) to be presented + Abstract (Please attach copy of documentary evidence)

Title(s) of paper(s) : _____

4. Costs for Participation (Please attach copy of documentary evidence)

Registration Fee : _____ Travel : _____

Accommodation : HK\$ _____ (per day) x _____ (days) = HK\$ _____

Others (Please give details) : _____

Exchange Rate : _____ Total cost for participation (HK\$) : _____

5. Details of University or other Grant(s) applied for / obtained for the Conference

<u>Source</u>	<u>Registration</u>	<u>Travel</u>	<u>Other</u>	<u>Total</u>
1. CUHK *				
2.				
				Grand Total: (HK\$) _____

* In case of no other grants, please state reason for not applying:

6. Amount of Grant (maximum: HK\$4,000 per academic year) applied from this Scheme (HK\$)

Registration : _____ Travel : _____ Accommodation: _____

Others (Please specify) : _____

Total amount : HK\$ _____

7. Details of Grants received in the current academic year (1 August – 31 July)

Grants received from : _____

Event : _____

Period of event : _____ Amount received : _____

8. Contributions to Shaw College (with reference to the founding aspiration of the College (Learning, innovation and benefitting humankind))

(e.g. Committee work, general education course, advisor / judge in scheme or activity) _____ (mmyy)

9. Declaration

- (a) I declare that the conference will not be held during the last 4 months of my appointment in the University (except for retirement).
- (b) I have completed ALL parts in the form.

Signature : _____ Date: _____

(For Office Use Only)

- a. Full-time teaching staff of eligible ranks (Instructor / Research Associate) or above Yes No
- b. Date of affiliation to Shaw College: _____ (dd/mm/yyyy)
- c. This is the _____ (1st, 2nd ...) application from the applicant
- d. Last conference grant received from Shaw College: 1st / 2nd batch of _____ (academic year)
- e. Decision of Working Group on Conference Grant meeting / postal vote dated : _____
 - Approved HK\$ _____
 - Disapproved

Remarks: _____
