



**Canadian Geriatrics Society  
Travel Grant Application**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Specify current level of training (check one):**

Undergraduate student other than medicine, specify year: \_\_\_\_\_

Undergraduate medical student , specify year: \_\_\_\_\_

Postgraduate medical resident , specify postgraduate year: \_\_\_\_\_

Masters student

PhD student

**Indicate name of training or degree program in which you are enrolled: (check one)**

Family Practice Program

Care of the Elderly Program

General Internal Medicine Program

Geriatric Medicine Program

Other, specify: \_\_\_\_\_

**Name of University or Educational Institution:** \_\_\_\_\_

**Abstract submitted to the CGS meeting?**      Yes                  No

If yes, are you the presenting author of the abstract?      Yes                  No

Title of abstract: \_\_\_\_\_

Please email this completed form along with:

- Your 400 word letter explaining how attending the CGS Annual Scientific Meeting will benefit your clinical and/or research career relating to geriatrics
- Your curriculum vitae
- Letter of support from a faculty member who is familiar with and can describe your interest in geriatrics and who can verify your enrolment in a training program

**Email: [cgs@secretariatcentral.com](mailto:cgs@secretariatcentral.com)**