



Travel Grant Application Form

Robert Connor Dawes Foundation

Applicant Name and Title _____

Organisation _____

Contact Number _____ Email _____

Conference Name _____

Conference Dates _____

Conference Location _____

Relevance of this conference to paediatric / young adult brain tumour / cancer.

Will you be presenting or part of a team presenting? _____

If so, title of presentation _____

Co-authors of presentation, names and organisations

1. _____

2. _____

Budget Proposal

Item	Amount
Travel to Conference	
Accommodation (will only be covered for the nights immediately preceding and during the conference)	
Conference registration fee	
Other, please specify	
Total funding required	

ROBERT CONNOR DAWES FOUNDATION - SUPPORTING BRAIN MATTERS

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INFO@RCDFUND.ORG

RCDFFOUNDATION.ORG

FB.COM/RCDFFOUNDATION

@RCDFFOUNDATION



Signature of applicant _____ Date _____

Signature of supervisor _____ Date _____

Date application received by RCDF _____

This form, and the necessary attachments, should be sent electronically to info@rcdfoundation.org

Attachments must include:

1. Proof of conference registration fee
2. Quotes for accommodation and travel
3. Letter of acceptance or invitation to present (if applicable)