

## **APPLICATION FOR TRAINEE TRAVEL AWARD**

TRAVEL AWARDS ARE PROVIDED TO ELIGIBLE TRAINEES WHO ARE PRESENTING THEIR RESEARCH AT A NATIONAL OR INTERNATIONAL CONFERENCE OR SYMPOSIUM. THE AIM OF THE AWARD IS TO DEVELOP PRESENTATION OR OTHER ADVANCED SKILLS AMONG TRAINEES, ENHANCE NETWORKING OPPORTUNITIES, AND DISSEMINATE NEW KNOWLEDGE.

## APPLICATIONS MUST BE SUBMITTED PRIOR TO DEPARTURE

## **APPLICATION DEADLINES:**

- March 1 (for travel after March 1)
- June 1 (for travel after June 1)
- September 1 (for travel after September 1)
- December 1 (for travel after December 1)

APPLICATION SUBMISSION CHECKLIST:	
Completed Travel Award application form	
Brief email/statement from the applicant's supervisor(s) indicating their support for the application, and confirming that the applicant is up to date on his/her current requirements for their graduate program (if applicable)	
Confirmation of abstract acceptance from the Conference	
Copy of the abstract	
Trainee's updated CV (including biographical information, education, research experience, publications and abstracts, awards and honors)	
NOTE: Please attach the completed application form and supporting documents to the same email, if possible, and submit the entire package electronically to <a href="mailto:achri.training@ucalgary.ca">achri.training@ucalgary.ca</a> .	
With any questions, please contact the ACHRI Research Training Platform office at <a href="mailto:achri.training@ucalgary.ca">achri.training@ucalgary.ca</a> or 403.220.6184; Room 207, HMRB.	
BOTH APPLICANT AND SUPERVISOR HAVE CAREFULLY READ TERMS OF REFERENCE FOR ACHRI TRAVEL AWARDS, OLLOWED THE INSTRUCTIONS TO COMPLETE THIS FORM, AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS RUE AND COMPLETE.	
THE APPLICANT AGREES TO PARTICIPATE IN THE ACHRI TRAINEE PRESENTATION SERIES, WHERE HE/SHE WILL DELIVER A HORT PRESENTATION, REFLECTING ON THE EXPERIENCE AND IMPACT THIS CONFERENCE MADE ON HIS/HER RESEARCH.	
Date	

STUDENT/ TRAINEE INFORMATION		
NAME:		
TELEPHONE: EMAIL ADDRESS:	EMAIL ADDRESS:	
TRAINEE CATEGORY (Master's, PhD, Postdoc)		
PROGRAM/ DISCIPLINE:		
SUPERVISOR INFORMATION		
SUPERVISOR'S NAME:		
TELEPHONE: EMAIL ADDRESS:		
TRAVEL DETAILS		
NAME OF THE CONFERENCE/ MEETING:		
TYPE OF PRESENTATION:		
MEETING LOCATION/ TRAVEL DESTINATION:		
TRAVEL DATES:		
PROPOSED BUDGET:		
BUDGET ITEM  REQUEST FROM ACHRI (\$) (Maximum \$500 may be provided)  CONTRIBUTION FROM OTHER SOURCES* (\$)  *SOURCE OF FU	NDS	
Airfare		
Accommodation		
Registration Fees		
Meals		
Other (specify)		
TOTAL		