



Thunder Bay Regional  
Health Research  
Institute

Translational  
Research Office  
980 Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Pre-Clinical  
Research Office  
290 Munro Street  
Thunder Bay ON  
P7A 7T1 Canada

Tel: (807) 684-7223  
Fax: (807) 684-5892  
[www.tbrhri.ca](http://www.tbrhri.ca)

## STUDENT TRAVEL AWARD

### GENERAL TERMS

These awards are available to students who are conducting research at the Thunder Bay Regional Health Research Institute (TBRHRI) under the supervision of a TBRHRI Scientist. Students may apply for travel funding to support attendance at significant provincial, national, or international research gatherings. The student must be actively participating by presenting a paper at an oral or poster session as first author. The aim of these awards is to reduce the financial burden, rather than to cover all potential travel-associated expenditures.

- \$10,000 (April 1, 2019 to March 31, 2020) will be allocated towards student travel, available on a competitive basis.
- The award value depends on the destination with the following max:
  - \$750 international
  - \$500 national
  - \$250 provincial
- Selection criteria:
  - event scale and impact (provincial, national, international)
  - presentation type (poster or oral)
  - student's research excellence (publication record, presentations, awards)
- Applications to be reviewed 4 times per year.
- Any funds not allotted with the year will roll over into the following competition.
- The student must be presenting at a conference to qualify for funding.
- A travel application can only be submitted once.

<u>Intended travel date</u>	<u>Application deadline</u>	<u>Anticipated notice of decision</u>
<b>After May 1, 2019</b>	April 25, 2019	May 1, 2019
<b>After August 1, 2019</b>	July 25, 2019	August 1, 2019
<b>After November 1, 2019</b>	October 24, 2019	November 1, 2019
<b>After February 1, 2020</b>	January 23, 2020	February 1, 2020

### ELIGIBILITY

- Student must be a full time TBRHRI undergraduate, masters, PhD, or post-doctoral fellowship (PDF) trainee.
- Principal Supervisor must be a TBRHRI Scientist.



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## LIMITATIONS

- Student has to be presenting and is the first author.
- Maximum of 1 award for the duration of an undergraduate, masters, or PDF employment.
- Maximum of 2 awards for the duration of a PhD degree program.
- Award is not transferable.
- Application must be submitted and considered by the selection panel prior to the date of travel (a retroactive application going back maximum 1 month after the travel may be considered in special circumstances).

## APPLICATION

Application must include the following documents:

- Conference abstract.
- Confirmation of acceptance as an oral/poster presentation (not acknowledgement of submission).
- Student's CV.
- Completed Application form.

## SELECTION PANEL

- Comprised of 2 members of either the Scientist group including the Scientific Advisor, and the Chief Scientist for a total panel membership of 3 adjudicators.
- Cannot be in a direct conflict of interest with applicant.

## TRAVEL REIMBURSEMENT

- Cheque to be processed after the travel.
- Proof of participation.
- Only eligible expenses according to TBRHRI Travel Policy.

## Attachments:

Student Travel Award Application Form



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## STUDENT TRAVEL AWARD APPLICATION FORM

Signed form and all required documents to be emailed to Shannon Maki at [makish@tbh.net](mailto:makish@tbh.net).

STUDENT INFORMATION			
Full Name:			
Email Address:		Have You received a travel award from TBRHRI before?	YES NO
ACADEMIC INFORMATION			
Name of Program:		Program Year:	
Principle Supervisor:		<input type="radio"/> Graduate Student <input type="radio"/> PhD Student	
CONFERENCE DETAILS			
Presentation Type:		Purpose of Travel:	
About Conference:			
Destination:		Travel Dates:	
PROPOSED BUDGET			
Registration			\$
Transportation (air fair or mileage)			\$
Accommodation (# of nights x \$ per night)			\$
Meals			\$
<b>Total</b>			\$
Other Revenues (incl. those to be pursued)			\$

### Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### Committee Approval:

Amount Approved: \_\_\_\_\_

Authorization By: \_\_\_\_\_ Date: \_\_\_\_\_