

**ROGER STRASSER NHRC STUDENT TRAVEL AWARD APPLICATION**

This completed application form and a **copy of your approved NHRC Abstract** must be submitted electronically to the Research Office at [research@nosm.ca](mailto:research@nosm.ca) by August 2, 2019.

**Student Applicant Information**

|  |  |
| --- | --- |
| **Name:**  **Email:** | **Academic Level:**  Graduate Student  Undergraduate Student  Postgraduate Resident  **Academic Department:** |
| **Explain why attending NHRC is important to your education, career or professional development (200 words max):** | |

**NHRC Abstract Information**

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| --- |
| **Approved Abstract Title:** |
| **First Author on Abstract:** |
| **List of all Authors on Abstract:** |
| **Name and email of Faculty Supervisor:** |
| **Appropriate Ethics Approval has been granted for this project?**  Yes  No |
| **Description of Research Topic:** (relevance or impact of the work you are doing, does it relate to social accountability or rural/remote themes) |

**Financial Need**

|  |
| --- |
| **Are you receiving funding from other sources to attend NHRC?**  Yes  No |
| **Have you previously received a Roger Strasser NHRC Student Travel Award?**  Yes  No |
| **What city will you be travelling to NHRC from?** |

|  |  |
| --- | --- |
| ***ANTICIPATED BUDGET*** | ***AMOUNT*** |
| **Airfare:** |  |
| **Other transportation method:**  List method: |  |
| **Hotel:** |  |
| **Meals:** |  |
| **Registration:** |  |
| **Other:**  List other: |  |
| **Total Budget:** |  |

**The following documents are being submitted to** [**research@nosm.ca**](mailto:research@nosm.ca)**:**

The completed and signed Application Form

A copy of my approved NHRC Abstract

**Signatures:**

**Signature of Student Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signature of the Applicant indicates confirmation of information submitted above.

**Signature of Faculty Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Supervisor acknowledges the research activity described.