

**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 by May 1, 2020.

**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**

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| --- |
| **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****:**

[ ]  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.