

APPLICATION FOR THE LISA SHEA TRAINEE TRAVEL AWARD

The Arnie Charbonneau Cancer Institute is pleased to offer the Lisa Shea Trainee Travel Award created through a generous legacy donation. The award will be offered on a competitive basis to eligible trainees working in the area brain cancer research. The purpose of the award is to support brain cancer research trainees who are presenting their research at a National or International conference or symposia.

Application Deadline and Eligibility:

Application Deadlines: March 31st and September 30th

- Proof of abstract submission and conference registration
- Applicant must present an oral or a poster presentation
- Applicant has not received any other travel awards this fiscal year
- Applicant is working in the area of brain cancer research

APPLICATION SUBMISSION CHECKLIST:

Completed Travel Award Application Form

Application must be signed/supported by your Supervisor

Confirmation of abstract submission and conference registration

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 electronically to Carmen Coelho at charb.education@ucalgary.ca

If you have any questions, please contact Carmen Coelho at charb.education@ucalgary.ca or 403.210.3934, HRIC 2AA-07

Both Applicant and Supervisor have carefully read the guidelines for the Lisa Shea Trainee Travel Award, followed the instructions to complete this form, and certify that the information contained in this form is true and complete.

Trainee Signature:	
Supervisor Signature:	
Date of Submission:	

Applicant Information:

Trainee Program:	MSc	PhD	Post-Doctoral Fellow:
Applicant Name:			
Department:			
Telephone:		Email:	
Start Dated in current program:		Expected Completion Date:	
Do you hold or have applied for other travel funding: If yes please explain:		YES	NO
Indicate funds expected from other source:			

Supervisor Information:

Supervisor's Name:	
Telephone:	Email:

Travel Details:

Conference Name/Meeting:		
Conference Location (City and Country):		
Conference Start Date:	Conference End Date:	
Type of Presentation:	Oral	Poster

Estimated Budget:

BUDGET ITEM	
Airfare	
Accommodation	
Registration Fee	
Meals *for meals not included with conference	
Other (specify)	
TOTAL	