**Trainee Education Award - Guidelines**

Award Overview

Due to COVID restrictions, the terms for the Trainee Education Award have been temporarily updated. Recipients of a Trainee Education Award from the Alberta MS Network will be entitled to a maximum of $500 for presenting at a virtual conference or scholarly meeting (“the event”). Awards will be limited to 1 award per trainee per year and 2 awards per lab per year. Funds may be used to defray the cost of registration fees. Please note that funds will be provided on a reimbursement basis, after the event has occurred.

Eligibility Criteria

1. The Applicant must be a trainee at the University of Alberta, the University of Calgary, the University of Lethbridge, or Mount Royal University at the time of application as well as the time they attend the event.
2. The Applicant must be a presenter (paper, poster or oral) at the event.
3. The Applicant’s presentation must relate to multiple sclerosis.
4. Trainees are eligible to receive only 1 award per year, based on the event date

Application Guidelines

There are two steps to the application process:

**Step 1: Application Form.** This must be received by the Alberta MS Network prior to the event for which funding is sought, and will be used to determine the Applicant’s eligibility for a Trainee Travel Award. The application should include the following:

1. Completed application form with the required signatures
2. A copy of the submitted abstract or poster, or a description of the work to be presented
3. Proof of acceptance to present (for example, a copy of the Applicant’s letter of acceptance or a copy of the conference program showing the Applicant’s name)

Applicants will be advised of their eligibility within 2 weeks of receipt of the initial application. Only eligible Applicants need complete step 2 of the application process.

**Step 2: Event Summary.** The following documents should be received by the Alberta MS Network within 14 days after the event:

1. Completed event summary, including financial report with receipts, and the required signatures
2. Proof of attendance, such as an official certificate of event attendance (registration receipt is acceptable)

Applications and documents may be mailed to the address below or emailed to [albertamsnetwork@gmail.com](mailto:albertamsnetwork@gmail.com). A personal cheque will be issued, or a direct deposit made, only once both steps of the application process are suitably complete.

Conditions of Award

No double reimbursements allowed; applicants may only claim expenses here that are NOT covered by other awards, up to a maximum of $500.

**Trainee Travel Award – Application Form (Step 1)**

**Section A: Applicant**

Full Name of Applicant: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution and Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Academic Status (e.g. Ph.D yr2): \_\_\_\_\_\_\_\_\_\_\_ Student/Staff ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Source of Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Rank of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously received an Alberta MS Network Trainee Travel Award? Yes or No (circle one)

If yes, provide details (e.g. how many, dates):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Event**

Event Name (Conference/Meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location (City, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation Type (e.g. poster, oral): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: Signatures**

By signing below, the Applicant confirms that the above details are true and correct to the best of their knowledge.

By signing below, the Applicant’s Supervisor acknowledges the Applicant’s wish to attend the abovementioned event, and their request for travel funds from the Alberta MS Network.

|  |  |
| --- | --- |
| **Applicant**  Print Name:  Signature:  Date: | **Supervisor**  Print Name:  Signature:  Date: |

**Trainee Travel Award – Event Summary (Step 2)**

**Section D: Brief Scientific Report.** Please describe how attending and presenting at this event has enhanced your research and training in multiple sclerosis (200 - 250 words).

**Section E: Financial Report** (please provide the total converted to CAD if applicable

Registration Fee(s): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of funding (total): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount requested (total expenses minus other sources of funding. Max $500): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section F: Signatures**

By signing below, the Applicant confirms that the above details are true and correct to the best of their knowledge and confirms that they will not be reimbursed from another source for the expenses that are covered by this Travel Award.

By signing below, the Applicant’s Supervisor confirms that the above details are true and correct to the best of their knowledge.

|  |  |
| --- | --- |
| **Applicant**  Print Name:  Signature:  Date: | **Supervisor**  Print Name:  Signature:  Date: |