**Cardiovascular and Respiratory Sciences Graduate Program**

**Application for Graduate Conference Funding**

**Purpose and Process:** To financially provide MDCV students the ability to attend conferences and educational activities that are relevant and related to their graduate degree in the MDCV program. This application will be considered for all of the following sources of funding: MDCV program funds, Graduate Science Education and Cumming School of Medicine conference funding, and the Dr. Monica Scarabello Memorial Graduate Research Award. If approved, reimbursement will be provided for eligible expenses and/or according to the amount of funding available.

**Applicants must have attended the conference first and provide proofs of attendance and related expense receipts. These expenses must not have been covered by other sources of funding (ex. supervisor funding). Oral presentation, poster presentation, and/or keynote address accompanying the conference attendance or visits to a different university labs to learn techniques and/or complete research collaboration are recommended for this application. If you are attending a conference without any presentation or if this is your 2nd+ application for this funding, please connect with** [**cvrgrad@ucalgary.ca**](mailto:cvrgrad@ucalgary.ca) **to see if the participation may be covered. Strong rationale for coverage would need to be provided and will be dependent on funding available.**

**Time period of conference attendance: per calendar year (e.g. Jan. 1 – Dec. 31, 2023)**

Please submit your complete application along with relevant documentsto [cvrgrad@ucalgary.ca](mailto:cvrgrad@ucalgary.ca) by no later than **11:59 p.m.** of the end of calendar year (ex. Dec. 31, 2023).

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| --- |
| Surname: Given Name(s): UCID#: |
| Email Address: |
| MSc or PhD:  Supervisor(s): |
| Is this your first or second application for this funding for the above calendar year?  If applicable, did you receive the funding for your first application? |

**A. PERSONAL DATA**

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| --- | --- |
| **By submitting this application, I declare that:**   1. I agree to having read and understood the instructions of this funding opportunity and of meeting the eligibility requirements as stated in the application. I have not utilized other funding sources for this reimbursement. 2. I answered all questions applicable to me and that all information is true and complete. 3. **I have not applied to nor received other sources of funding for the coverage I am requesting in this application.** 4. In applying for this funding, the application would be provided to UofC Finance to process reimbursement and for relevant accounting purposes. Pertinent information may be released to the donors of the funding, provincial funding bodies, faculty offices, and appropriate University of Calgary administrative offices. 5. I understand the information provided on this application are subject for review and may be used for research and statistical analysis. | |
| Signature (may be typed with cursive/handwritten font): | Date: |
| *This information is collected under the authority of the* Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) *to determine your eligibility for graduate scholarships, awards and bursaries. If you are a student at the University of Calgary, this information will form part of the student record.* | |

## ACADEMIC PROGRESS – Are you progressing in your graduate studies and maintaining academic achievements (milestone accomplishments)? Please describe (no more than 5 sentences):

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|  |

## CONFERENCE ATTENDANCE (\*\*You must present – oral or poster presentation, keynote address, etc. - at the conference to be considered for this funding\*\*)

|  |  |
| --- | --- |
| Name of Event: |  |
| Location: |  |
| Dates of Event: |  |
| Oral or poster presentation? Keynote address? |  |
| Title of presentation: |  |

## AMOUNT REQUESTED (We will aim to cover what is possible):

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses (registration fee, etc.)**  \*Please note that alcohol cannot be reimbursed. | **Company and location of the expense**  **(e.g. Air Canada, purchased online)** | **Date of Expense**  **(dd/mm/yyyy)** | **Amount ($)** |
|  |  |  |  |
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|  |  |  |  |
| Total Amount Requested: | | |  |

## CONFERENCE AND YOUR MDCV GRADUATE STUDIES/RESEARCH INTEREST

## In no more than 500 words, describe how the opportunity to attend and present at the conference has enriched your MDCV graduate studies/research interest (what have you learned? How has this meeting further your graduate studies/research? How have you contributed at the conference?).

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## ATTACHMENTS

## Please ensure the following items are included in your application.

|  |  |
| --- | --- |
| **Attachments** | **Included (yes/no)?** |
| Proof of attendance at the conference (e.g. certificate/email of attendance) |  |
| Abstract presented at the conference |  |
| Conference Program booklet (if possible) |  |
| Detailed receipts requiring reimbursement \*\*required\*\* (can be scanned copies) |  |

Please submit your complete application along with relevant documents to [cvrgrad@ucalgary.ca](mailto:cvrgrad@ucalgary.ca) by no later than **11:59 p.m.** of the end of calendar year (ex. Dec. 31, 2023).

|  |  |
| --- | --- |
| ***MDCV administration use only:*** | |
| Program Check: | |
| Calendar year for consideration: |  |
| Student is…  -currently registered in MDCV program,  -fees are paid,  -progressing in their MDCV program and requirements are met (yes/no): |  |
| Expenses requested for reimbursement are appropriate (yes/no) + amount to reimburse: |  |
| Application + relevant docs provided? |  |
| Name of funding and accounting string + sufficient funding in account? |  |
| Who to initialize reimbursement (FGS? MDCV?): |  |
| I certify all is appropriate (GPA name + signature): |  |
| Program Director: | |
| I have reviewed the application and approve of that funding/award be provided to the student (GPD name + signature): |  |