**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name of applicant | | Given name(s) of applicant | Initials |
| UBC student number | Email | | |
| Faculty | Graduate Program or Department | | Campus  Choose an item. |
| As of the application deadline, applicant must be enrolled in a UBC graduate or medical residency program (and remain enrolled for the duration of the funded travel). How are you affiliated with UBC? Choose an item. | | | |

**Duration and Location of Research Opportunity**

|  |  |  |
| --- | --- | --- |
| Indicate the start and end date of your travel (yyyy/mm/dd)  From       to | Indicate the number of months of support requested | |
| Indicate the Organization and Department/Division where you plan to undertake your research studies.  Full organization name | | |
| Department / unit name | | Country |

**Existing Funding for Research Opportunity, if applicable**

For example, Michael Smith Foreign Study Supplement (MSFSS), graduate program travel funding, clinical fellowship funding.

|  |  |
| --- | --- |
| Award Name | Award Value |
| Award Duration (yyyy/mm/dd)  From       to | |
| Award Name | Award Value |
| Award Duration (yyyy/mm/dd)  From       to | |
| Award Name | Award Value |
| Award Duration (yyyy/mm/dd)  From       to | |
| Award Name | Award Value |
| Award Duration (yyyy/mm/dd)  From       to | |

**Summary of Proposal**

Provide a title and summary for your project in language clear to members of the general public. This is the condensed version (abstract) of your “Concise outline of the educational opportunity”.

|  |
| --- |
| Lay Title (100 characters with spaces maximum) |
| Summary (2,000 characters with spaces maximum; approximately 300 words) |

**Supervisors**

Provide information on your current supervisor and the supervisor at the host institution who will each complete a Letter of Support.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current (UBC) supervisor (for medical residents – current program director)** | | | |
| Last name | | Given name(s) | Initials |
| Email | | | |
| Faculty | Primary Affiliation (e.g., Department/Division) | | Campus  Choose an item. |
| **Host supervisor** | | | |
| Last name | | Given name(s) | Initials |
| Email | | | |
| Affiliation (e.g., Organization Name and Department/Division) | | | |

**Declaration**

I understand that my signature below certifies that I meet the following specific requirements:

* I accept the terms and conditions of the award as set out in UBC’s Senate Regulations Governing University Awards (<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,299,0,0>);
* I understand that the personal information I provide on this form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act (<http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00>). It will be used only for the purposes of processing and assessing my scholarship application in accordance with section 32 of the Act. If necessary, it will be disclosed in accordance with sections 32 to 36, as authorized by the Act;
* I agree to comply with UBC’s Policy on Scholarly Integrity (<https://universitycounsel.ubc.ca/all-policies/scholarly-integrity/>);
* I certify that the information provided in my application is true, complete, accurate and consistent with institutional policies to the best of my knowledge. The provision of false or inaccurate information may result in sanctions, including termination of funding and disentitlement from eligibility for future funding; and
* I acknowledge and accept that UBC reserves the right to follow up in order to validate the applicant information that is provided in the application.

Applicant Signature Date (yyyy/mm/dd)

Please type your full name above and we will accept that as your signature.