Trainee Travel Award Application

**To complete an application for a LKSIoV Trainee Travel Award, candidates must:**

1) Attach these three (3) pages completed and signed;

2) Attach supporting documents on separate pages (refer to each part for details);

3) Use 12-point Calibri font;

4) Each attached page must have margins of 1” (2.54 cm) all around (i.e.: top/bottom/left/right).

**APPLICANT INFORMATION**

Student ID:  U of A Email Address: 

Last Name, First Name, Middle Initial(s): 

**Select the correct category below:**

Graduate Student

MSc program  Year:  PhD program  Year: 

Postdoctoral Fellow  Year: 

Research Associate  Year: 

Department & Faculty: 

Supervisor (PI): 

**PREVIOUS LKSIoV TRAVEL AWARDS**

Have you ever received a LKSIoV Trainee Travel Award? Yes  No

If yes, when:

**CONFERENCE / ACADEMIC MEETING INFORMATION**

Name of Conference/Symposium/Academic Meeting:

Location:

Date(s):

Will you be presenting your own research at this conference? Yes  No

What will you be presenting at this conference?

Poster

Oral Presentation

Other

*\*If OTHER selected above, please explain below:*

Don’t know yet

**REQUIREMENTS FOR LKSIoV TRAVEL AWARD APPLCIATIONS**

In addition to the application form, your funding request must include the following sections in appended pages. Refer to *Terms of Reference* for details. Please check the boxes as a verification step to ensure application package completion.

|  |
| --- |
| Application Form *(Pages 1 -3 of this application form)*  Abstract being submitted to the academic meeting listed on this application.  *(Include title and author list)*  Statement (~150 words) explaining why attendance at this academic meeting will benefit you.  Curriculum Vitae (CV) (*2 pages maximum*). |

**APPL**I**CATION DECLARATION**

**DECLARATION: You must agree to the following declaration before submitting this form:**

1. I agree to comply with University of Alberta and Li Ka Shing Institute of Virology regulations relating to scholarships and awards, and the Code of Student Behaviour and/or Code of Applicant Behaviour.
2. I certify that the information in this form is true and complete in all respects, and that I have withheld no information.
3. I authorize the Li Ka Shing Institute of Virology to verify any information provided as part of this scholarship or award application.
4. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Code of Applicant Behaviour, Code of Student Behaviour and/or the Criminal Code of Canada.
5. I agree to *the Obligations of LKSIoV Trainee Travel Award Recipients.*

I agree to the above Declaration.

Signature:  Date (DD/MM/YYYY): 

**Please** [**submit your application package online**](https://www.ualberta.ca/li-ka-shing-institute-virology/research-training/trainees.html#LKSIoVTraineeTravel)**.**