|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPP-ARC Travel & Training (TNT) Grant Application** | | | | |
| Applicant family name | | Applicant first name | | |
| Academic Designation | | | | |
| Associated Principal Investigator(s) | | | | |
| Department/Division(s) | | | | |
| Title of training proposal | | | | |
| Indicate the start and end date of your stay abroad (yyyy/mm/dd)  From To | | | Number of months of support requested | |
| **Location of Research Studies Abroad**  Indicate the Organization and Department/Division where you plan to undertake your training. | | | | |
| Full organization name | | | | |
| Department/Division | | | Country | |
| **Signature**  The undersigned accepts the terms and conditions as outlined in the corresponding program description; the instructions provided with this form; and any conditions applied to an award pursuant to this application | | | | |
| Applicant name (print) | Signature | | | Date |

|  |  |
| --- | --- |
| **Budget Proposal**  Enter amounts rounded up to the nearest dollar. Please itemize your costs and be detailed in your description of each item under a heading.  *Ex: Travel costs: plane from X to Y, public transportation monthly pass etc.* | |
| **Proposed Expenditures** | **Amount**  **$** |
| Travel costs | |
|  |  |
|  |  |
|  |  |
| Accommodation | |
|  |  |
|  |  |
| Living expenses | |
|  |  |
|  |  |
| Other travel related expenses (specify) | |
|  |  |
|  |  |
|  |  |
| **Total** |  |
| **Amount requested (maximum $20,000)** |  |

|  |  |  |
| --- | --- | --- |
| **Supervisors**  Provide information on your current research supervisor and the supervisor at the host institution who will each complete a Letter of Support. | | |
| **Current research supervisor** Family name | First name | |
| Department/Division | | |
| E-mail | | Phone number |
| **Host supervisor** Family name | First name | |
| Full organization name | | |
| Department/Division | | |
| E-mail | | Phone number |

|  |  |
| --- | --- |
| **Addresses**  Provide a complete and accurate address for (a) the location of research studies abroad, (b) the host supervisor and (c) the applicant. | |
| **Location of Training** | |
| Full organization name (from page 1) | |
| Department/Division | |
| Address | |
| Country | |
| **Host Supervisor** | |
| Full organization name (from page 2) | |
| Department/Division | |
| Address | |
| Country | |
| **Applicant** | |
| Address | Primary phone number  Secondary phone number |
|  | |
| E-mail | |