**Pancreas Centre BC Student Travel Award Application**

*V2: Updated: December 3, 2019*

**INSTRUCTIONS**

For travel award of up to $1000.

**Eligibility**

* Trainees (undergraduate, graduate, or postdoctoral student, medical residents or fellows) enrolled at an accredited university or research centre in BC
* Trainees must be attending an official conference, symposium, or workshop
* Trainees must be presenting research related to Pancreatic Cancer or attending a workshop that benefits their pancreatic cancer research

**Procedure and payment information**

Quarterly competition deadlines:

* **November 15th** submission deadline for travel between starting **January 1st and March 30th**
* **February 15th** submission deadline for travel between starting **April 1st and June 30th**
* **May 15th** submission deadline for travel between starting **July 1st and September 30th**
* **August 15th** submission deadline for travel starting between **October 1st and December30th**

Applications will be reviewed within 30 days of each deadline and successful applicants will be informed by email.

**Application for reimbursement**

Students must submit the following to Cassia Warren at Pancreas Centre BC, [cwarren@bccrc.ca](mailto:cwarren@bccrc.ca),

* Completed Application form (part 1; pages 2-4 below), with signature by student and supervisor

If part 1 is accepted, students must submit the following to Pancreas Centre BC, [cwarren@bccrc.ca](mailto:cwarren@bccrc.ca), within 3 months of conference date.

* Proof of conference presentation or program agenda with name highlighted
* Post conference report (part 2; page 5 below)

**Reimbursement to student**

If the reimbursement will be going directly to the student please also include:

* Original, itemized, and dated receipts
* If claiming flights, original boarding pass and flight itinerary and invoice
* If claiming meals, a complete conference program agenda. Meal receipts or per diem can only be claimed for meals not provided in conference registration

**Reimbursement to supervisor**

If the reimbursement will be going to the Supervisor please also include:

* Copies of receipts that were submitted to the supervisor or department for reimbursement
* A copy of the travel/payment requisition originally submitted by your department to Financial Services

If the Supervisor is not affiliated to UBC or PHSA please invoice the University of British Columbia, Attn Joshua Yip and Anne Cheng; 5-117 675 West 10th Ave Vancouver BC V5Z 1L3

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| **Please direct questions and submit completed applications to:** |
| Cassia Warren  cwarren@bccrc.ca  675 West 10th Ave, 5th floor  Vancouver, BC V5Z 1L3 |

**Pancreas Centre BC Student Travel Award Application**

**PART 1:**

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Email: | Application Date: |
| Supervisor: | Supervisor’s email: |
| Institution: | Program: |

|  |
| --- |
| Meeting Title: |
| Meeting Location: |
| Meeting Dates: |
| Title of paper/poster presenting: |

**Estimated Expenses:**

|  |  |
| --- | --- |
|  | $ Amount CAD |
| Airfare: |  |
| Other transportation: |  |
| Accommodation: |  |
| Meals: |  |
| Conference Registration: |  |
| Poster printing: |  |
| Other (explain below): |  |
| **TOTAL:** |  |

|  |
| --- |
| Describe the other expenses: |

*Note: the Pancreas Centre BC will provide a maximum of* ***$1000 CAD****. If the total required is more than that, please indicate where the balance of funds will come from.*

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| **Alternate funding available/applied for:** |
|  |

**Questions:**

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| **Abstract/Research background:** *If you have an accepted abstract for the conference, please attach it and give the citation information. Include authors and affiliations. Otherwise, please describe your research (500 word limit):* |
|  |

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| --- |
| **How is your project advancing the field of Pancreatic Cancer research (250 word limit)?** |
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| --- |
| **How will this meeting/workshop benefit your research and your career path (250 word limit)?** |
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|  |  |
| --- | --- |
| Student Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| Supervisor Name: (Last name, First name) |  |
| Supervisor Signature: |  |
| Date: |  |

**Pancreas Centre BC Student Travel Award Fund Application**

**PART 2:**

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Email: | Application Date: |
| Supervisor: | Supervisor’s email: |
| Institution: | Program: |

|  |
| --- |
| Meeting Title: |
| Meeting Location: |
| Meeting Dates: |
| Title of paper/poster presenting: |

**Expenses:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | $ Amount | Currency | Official Use Only |
| Airfare: |  |  |  |
| Other transportation: |  |  |  |
| Accommodation: |  |  |  |
| Meals: – receipts or per diem |  |  |  |
| Conference Registration: |  |  |  |
| Poster printing: |  |  |  |
| Other (explain below): |  |  |  |
| **TOTAL:** |  |  |  |

|  |
| --- |
| Describe the other expenses: |

|  |  |
| --- | --- |
| Student Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| Supervisor Name: (Last name, First name) |  |
| Supervisor Signature: |  |
| Date: |  |