

MD Travel Award Application

If you have any questions, please first refer to the Frequently Asked Questions at <http://www.med.ubc.ca/medical-student-travel-award/>. Questions? Contact med.studentresearch@ubc.ca if you need additional assistance.

This travel award competition is for expenses related to participation in either:

- An official conference or symposium (virtual or in-person) at which the student presents a paper or poster OR
- An extracurricular research exchange occurring outside of BC (minimum 4 week duration)

All travel and conference attendance must be in support of extracurricular research activities.

Travel conducted for participation in electives (including research electives) or other curricular components (including FLEX) is not eligible for this award.

Travel to, and attendance at a conference/symposium to disseminate research, where the research was previously conducted during curricular time, is eligible as long as the conference/symposium itself is not a curricular activity.

Please review the following materials prior to starting the application: Eligibility, Submission Instructions, and Consent Form

Additional information on the MD Student Travel Award can be found on the FoM MD Student Travel Award website.

Please note that MD/PhD Students should not apply for this competition. The MD/PhD Program office oversees a travel award nomination process for MD/PhD students. For more information, contact the Program Office at md.phd@ubc.ca.

I have read the submission instructions. _____

This application allows you to complete an application in multiple sittings using the "Save & Return Later" button, which is based on your device's cookies and cache. To ensure you can return to an in-progress application, DO NOT clear your device's history, cookies or cache and ensure that you are using the same device and same browser as the application was started on.

If you are unable to return to your in-progress application, please contact us at med.studentresearch@ubc.ca

Applicants must be registered in the UBC MD Undergraduate Program at the time of travel/conference attendance and should be in good academic standing.

MD 2025 Event dates September 1, 2024 - June 30, 2025; Applications now closed. MD 2026-2028: Event dates September 1, 2024 - August 31, 2025; Deadline: October 22, 2025 at 3pm PST

Survey Recorded Time _____

Student Information

Last name _____
 Legal first name (as on SSC account) _____
 Preferred first name _____
 Preferred pronoun* _____

Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?* _____

Do you identify as a person with a disability as described in the Accessible Canada Act?*^ _____

Do you identify as a member of a visible minority in Canada?*# _____

*Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of winners.

^The Accessible Canada Act defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”

#The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

SECTION FOR INTERNAL ADMINISTRATIVE USE ONLY

Is the student eligible to receive the award? _____

Amount awarded to the student for this application: _____

Comments regarding this application: _____

END OF INTERNAL ADMINISTRATIVE SECTION

Program

MD class/cohort

Other _____

The current competition is for for MD 2026-2028. MD 2025 competition is now closed.

UBC Student Number

Student Phone Number

In XXX-XXX-XXXX format

Email Address

This will be the address used for all communications, so it should be an account you check regularly.

Have you previously received an MD Undergraduate Student Travel Award from the Faculty of Medicine?

(If the number of applications exceeds the available funding, priority will be given to applicants who have not received an award previously)

Supervisor Information

Supervisor Last Name _____

Supervisor First Name _____

Email Address _____

Primary Phone Number (optional) _____

UBC Department/School (if applicable) _____

UBC Division (if applicable) _____

Affiliations if non-UBC (University, Department/School, Centre, Hospital, etc): _____

Indicate if travel expenses are to be reimbursed to the supervisor or another UBC entity instead of the student.

If successful, you will be contacted to obtain payment details.

Was the purpose of your travel for a conference or a research exchange?

Conference Name:

Conference Type:

(Note that this is not the same as location but more a reflection of the attendees/audience)

Participation Format:

Brief description of the project origins that resulted in the work being presented:

(e.g. FoM SSRP, FLEX, self-directed, etc.)

Upload a copy of the relevant page(s) of the conference program listing your name and presentation title as your proof of conference attendance and presentation.

Please save your file as a PDF or Image file in the following format: "Last name, First name - Conference Program"
High resolution images not required._____

Upload a copy of your presentation abstract.

Please save your file in the following format: "Last name, First name - Abstract" (PDF, Word, rich text (.rtf) or jpeg format preferred)

Research Exchange Host:

(e.g. university and department, medical centre, NGO, etc.)

Title of Research Project

Brief description of the project origins and nature of the research collaboration:

Upload a letter from your host institution or supervisor indicating the dates of the exchange (minimum 4 weeks), the project title and a brief description of the objectives of the exchange (~1 paragraph).

Alternatively your supervisor may email this information directly to med.studentresearch@ubc.ca from their institutional or other official email address.

Please save your file in the following format: "Last name, First name - Host Letter"
Letter must be signed by the supervisor (digitally-signed PDF acceptable).

Upload a brief summary or abstract describing your research exchange project.

Please save your file in the following format: "Last name, First name - Project Summary"

Travel Information

City _____
Province/State _____
Country _____

Travel Start Date (YYYY/MM/DD)

Travel End Date (YYYY/MM/DD)

Receipt Summary

Please note that maximum reimbursement is \$500, so expenses exceeding \$500 need not be included (unless partial costs are to be covered by another award as listed on this application form).

Check off all of your expenses

The type of expense and incurred cost:

*Foreign conversions must be made using the applicable exchange rate for the date the expense was incurred. To obtain historical exchange rates, please visit the OANDA website and convert each expense into Canadian funds (you will simply need to enter the date the expense was incurred and the amount in foreign currency).

Currency Type (e.g. CAD, USD) Amount in Canadian Currency Original Amount in Foreign Currency (if applicable)

Airfare / Ferry _____
Accommodation _____
Registration _____
Personal Mileage (\$.49/km) _____

Enter start and end location here: _____

Other 1 _____
Other 2 _____
Other 3 _____
Other 4 _____

You have indicated that you have the following expenses:

[q9_expense_type_cond:checked]

[q9_expense_type_all:checked]

Upload one PDF that includes all of your receipts and/or missing receipt form(s).

Please save your file in the following format: "Last name, First name - Receipts"

Have you included all receipts for your expenses?

All expenses are required to have a receipt, with the exception of personal mileage. If you are missing a receipt, please select "no" to be provided with detail of the required missing receipt form.

Additional Comments regarding receipts/expenses (Optional):

Please Explain the Missing Receipt:

(For missing receipts, a missing receipt form will need to be submitted. Please visit the Frequently Asked Questions at <http://www.med.ubc.ca/medical-student-travel-award/> for further instructions.)

Declaration of Other Funding Sources

In accordance with UBC Travel Policies, expenses can only be reimbursed once.

Are there other funding source(s) that you received, will be receiving, or applied for to help fund the expenses listed in this application?

*If you received funding for expenses you did not include in this application, you do not need to list those awards. Additionally, please note that receipt of other funding will not be a consideration in the travel awards adjudication process.

Other Funding Sources

List the other source(s) _____

Total amount received from other funding sources (\$): _____

Total amount pending from other funding sources (\$): _____

Additional comments (optional): _____

Upload your Consent Form as a PDF or Image file (must be signed by both the student and the supervisor)

Please save your file in the following format: "Last name, First name - Consent"

This is the end of the application. Once you click "Submit," you will see an end-of survey message. A copy of your responses will be sent to the email address you entered in the student information section.