# Atlantic Indigenous Mentorship Network

# Emergency Relief Bursary for COVID-19

The Atlantic Indigenous Mentorship Network is aware that the current COVID-19 pandemic may be impacting our**trainees and early career investigators** in a variety of ways. This Emergency Relief Bursary is for **trainees (this includes Undergraduates, Masters, PhD, and Post-Doc students), along with Early Career Investigators** who have been impacted by the current COVID-19 Pandemic. Students who are already enrolled in a program or are accepted into a program for Winter 2021 are eligible to apply. Funding amounts between **$500-$1,000** (amount awarded will depend on the number of applicants)are available for **Indigenous trainees** **and early career investigators** who express a need through the current pandemic. Priority will be given to individuals who are undertaking Indigenous health research that serves to benefit Indigenous communities in Atlantic Canada. Limited funds are available.

\*This funding can be used for but is not limited to: necessities to support housing and subsistence, academic enrolment, home office or technology, childcare, acquiring and/or caring for a pet, registration costs for any personal support resources such as wellness, mental health and physical activity workshops, or learning courses including traditional language or craft classes.

### Application Instructions

Please complete this application and submit via email to [info@atlantic-imn.ca](mailto:info@atlantic-imn.ca) **by**

**November 16th, 2020 at 9pm ATL.** If you are a graduate student, it is required for you to submit a signed statement or e-mail from your supervisor, which can be found at the bottom of this application form.

### Application Checklist

* Application form
* Verification/confirmation of enrolment form
* Signed statement or e-mail from supervisor (**graduate students only**)

### Application Form

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| **Applicant Information** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: | Program/Degree (if applicable): |
| Year of study (if applicable): | Indigenous identity (e.g., Mi’kmaq): |
| How did you hear about this funding opportunity? | |
| **Academic Supervisor or Work Supervisor Information (if applicable)** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: |
| Faculty/Department: | Position: |
| **Second Academic Supervisor Information (if applicable)** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: |
| Faculty/Department: | Position: |
| **Question:** | |
| *Describe the personal impact of COVID-19 on your work and/or research activities (between August and October 2020), and how the bursary would support you (maximum 500 words):* | |
| *Please describe your involvement in research or your interest in enhancing your research skills in the future (maximum 250 words):* | |

### Additional Application Materials

The following should be submitted alongside the completed application form via email to the Atlantic-IMN Coordinator ([info@atlantic-imn.ca](mailto:info@atlantic-imn.ca)) with the applicant’s last name and type of application in the subject line and the application file name (e.g., LastName\_EmergencyReliefBursary):

* Verification/confirmation of enrolment form or letter of acceptance: Verification/confirmation of enrolment forms or letters of acceptance are not required by the submission of the application but should be sent to the Atlantic-IMN Coordinator as soon as possible.
* Signed statement or e-mail from supervisor (**graduate students only**)

### Review Process

Assessment of applications will be based on each individual’s expression of circumstances and/or need, with priority being given to Indigenous trainees and early career researchers undertaking Indigenous health research. You will be notified by the Atlantic-IMN Coordinator about the status of your bursary.

### Signature

All details in this application are true and are as accurate as possible. I accept the terms and conditions applied to any bursary received through this application.

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| Applicant name: |
| Signature: |
| Date: |

# Supervisor Statement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is working with me currently (as a thesis student or employee) and demonstrates a personal need for this bursary.

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| Signature or e-mail confirmation received: |
| Date: |