# 2023 Wabanaki-Labrador Network Funding Opportunities

## Atlantic Indigenous Mentorship Network Program - Fall Conference Trainee Travel Awards

The Atlantic Indigenous Mentorship Network (Atlantic-IMN) is a program of the Wabanaki-Labrador Indigenous Health Research Network (WLN), which receives funding from the Canadian Institute of Health Research – Institute of Indigenous Peoples Health (CIHR-IIPH) and the Dalhousie Medical Research Foundation (DMRF). It supports capacity building for students undertaking research related to Indigenous health and wellness and Indigenous early career researchers through culturally relevant learning opportunities and mentorship activities.

Conference travel awards of **$2000** are available for **Indigenous undergraduate and graduate students, postdoctoral fellows, and early career researchers** to attend a conference or knowledge-sharing event related to or about community-informed and supported Indigenous health research. Priority will be given to presenters.

### Application Information

Please complete this application form and submit via email wln@dal.ca (2cm margins and 12-point font) by **December 20th at 5pm ATL**. Reimbursement up to $2000 will require the applicant to work with the Engagement and Mentorship Coordinator to submit a travel claim for applicable expenses. Every effort will be made to reduce out-of-pocket expenses.

### Application Checklist

* Application form [ ]
* Letter of academic support (if a student or postdoctoral fellow)
* Proof of Indigenous identity
* Confirmation of Enrolment (COE) if applicable [ ]

### COVID-19 Restrictions

Please ensure you are aware of and follow all COVID-19 provincial restrictions. For more information on COVID-19 restrictions across Canada, please visit: <https://travel.gc.ca/travel-covid>

###  Application Form

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| **Applicant Information** |
| Name and preferred pronouns:  | Email:  |
| Mailing address:  | Telephone:  |
| Institution:       | Program/Degree:       |
| Year of study:       | Indigenous identity (e.g., Mi’kmaq):  |
| How did you hear about this funding opportunity?  |
| **Academic 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:  |
| **Event Information** |
| Event title: Event dates: Event location: |
| Are you presenting research?Yes No Abstract submitted: Yes NoAbstract accepted: Yes Pending |
| Complete this question only if you answered ‘Yes’ above. Please submit your abstract title and text: |
| Complete this question only if you answered ‘No’ above. *Please describe the event you will be attending. E.g.: type of event, audience, purpose, or goals etc.* (maximum 250 words) |
| *Describe whether and how you plan to maintain or re-connect to your Indigenous community (or Indigenous communities more broadly) through your research* *and/or degree program* (maximum 250 words): |
| *Please describe how the event is relevant for your degree program or research program* (maximum 250 words): |
| *Please describe what you hope to learn/take away from attending the event* (maximum 500 words):  |
| *What expenses do you anticipate incurring in order to attend the event?* Please note these categories are suggestions only; your budget items may differ: Registration fee:Travel (e.g., flight, train, bus, taxi):Accommodations: Meals:Incidentals:Other: |

### Additional Application Materials

### The following should be submitted with the completed application form via email to the Engagement and Mentorship Coordinator at wln@dal.ca with the applicant’s last name and type of application in the subject line and the application file name (e.g., LastName\_2023ConferenceTravel:

* Verification/confirmation of enrolment form for the 2023/2024 academic year. Verification/confirmation of enrolment form is not required by the submission of the application but should be sent to the Engagement and Mentorship Coordinator as soon as possible.
* Documented proof of Indigenous identity. For instance, this can include a photocopy of a status card, Inuit identity card, or a letter from your community. Other verification may be considered; please contact us if you wish to provide alternate proof.
	+ Please note that once this document is verified by our internal team, it will be deleted from all correspondence.
* The letter of academic support must be sent directly from the applicant’s Academic Supervisor(s) to wln@dal.ca.

### Expectations of Successful Applicants

* Successful applicants must confirm their acceptance of the Travel Award within one week of receiving notice.
* If travel award holders are presenting their research, they agree to have a summary of their research activities posted on the [Atlantic-IMN website](https://www.atlantic-imn.ca/) and to participate in editing any summary.
* Travel Award holders are required to participate in evaluative activities of WLN Funding Programs.
* Travel award holders will become a part of the WLN and be invited to participate in additional mentorship activities.
* Travel award holders must submit original boarding passes within one month of travel as well as itemized receipts related to the conference travel.
* Travel award holders will acknowledge the WLN and the Canadian Institutes of Health Research in any project outputs presented and shared.
* Travel expenses will comply with the [Tri-Agency Financial Administration Guide](http://www.nserc-crsng.gc.ca/professors-professeurs/financialadminguide-guideadminfinancier/index_eng.asp). See [Use of Grant Funds (Travel and Subsistence Costs)](http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/FundsUse-UtilisationSubventions_eng.asp#travel) for further details.

### Signature of Applicant

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

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

### Signature of Supervisor

I confirm that I have read and provided feedback in relation to this travel award application and that all details in this application are complete and are as accurate as possible.

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| Supervisor name:  |
| Signature: |
| Date: |