

## Graduate Student Travel Assistance Grants

School of Biomedical Engineering

**Objective:** The School of Biomedical Engineering Graduate Student Travel Assistance Grants are funded by BME from funds specifically allocated for student development. These grants are designed to enable students to travel for the purpose of presenting at conferences, attending workshops, or other activities with the objective of fostering scientific exchange, networking with other researchers, and showcasing the talents of McMaster's graduate students.

### Eligibility

All BME students are eligible to apply for travel assistance grants throughout their programs (once during MASc and once during Ph.D.). Out of time and overtime, students are not eligible. This travel assistance grant is only available to full-time students in BME programs, and a student may hold this grant only once during their program.

#### Value of Award

The value of the award is varied with a maximum of \$500, depending on the written proposed request (maximum 2 pages) (to include justification for travel, proposed budget) and in consultation with your research supervisor.

### Deadline:

Completed applications may be submitted on a rolling basis. For your program, please submit to Maya Sabados, sabadom@mcmaster.ca

### Conditions upon receiving the award:

The grant recipient must:

- 1. acknowledge receipt of the grant at their presentation; and
- 2. submit a trip report (300-500 words) summarizing their experience at the conference/event, which may be used to promote the recipient's program and this grant in future publications.

#### Timing of Award

Applicants will be notified regarding the status of their application as soon as possible following the application submission. All awards are tentative pending the submission of the trip report to the School's Director, at which time the grant money will be processed through a Travel and Expense Reimbursement by the successful applicant.

# BME GRADUATE STUDENT TRAVEL ASSISTANCE GRANTS (PLEASE TYPE in the space provided).

| Name:   | Student No.:                       |
|---|------------------------------------|
| E-Mail:   | Department: Biomedical Engineering |
| Level: Master's PhD   |                                    |
| Campus Address:   | Telephone:                         |
| PURPOSE OF APPLICATION ASSISTANCE:Present at a conference or other scientific/NetworkingAttending WorkshopsProfessional Development LOCATION: Event Title: DATE OF EVENT: Purpose of the Event: |                                    |

How will this help your professional development and/or your project?

| BUDGET:                        |                                   |          |  |
|--------------------------------|-----------------------------------|----------|--|
| <u>Expenses</u><br>Amount (\$) |                                   |          |  |
| Detail all estimat             | ed expenses.                      |          |  |
| Air Transportation             | n                                 |          |  |
| Ground Transport               | ation                             |          |  |
| Registration                   |                                   |          |  |
| Accommodation                  |                                   |          |  |
| Other, Specify                 |                                   |          |  |
| Expenses                       |                                   | Total    |  |
|                                |                                   |          |  |
| what other actions have        | e you taken to secure funding     | <b>{</b> |  |
| <u>Sources</u><br>Amount (\$)  |                                   |          |  |
|                                |                                   |          |  |
|                                | Total Amount requesting fr        | rom BME: |  |
| Signature of Student           |                                   | Date     |  |
| Supervisor Name                | Signature                         | Date     |  |
| BME Director*                  | Signature                         | Date     |  |
| *please submit to Maya Saba    | dos at <u>sabadom@mcmaster.ca</u> |          |  |