Dunlap Institute Student Training Grant  
Application Form

The goal of the Dunlap Institute Student Training Grant is to provide financial support to astronomy graduate students at the University of Toronto to participate in **professional development, training or educational activities,** for example, attending professional development workshops or summer schools, , giving job talks at other universities etc.

Training grant applications must be emailed to [alice.chow@utoronto.ca](mailto:alice.chow@utoronto.ca) **at least three weeks prior to the start date of the proposed activity,** preferably much earlier.

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| **YOUR DETAILS** | | | | | | | | |  |
| **Given Name:** | |  | | | **Surname:** |  | | |  |
| **Email:** |  | | | **Department Affiliation:** | | |  | |  |
| **Current Program & Year (e.g. PhD Yr. 4, BSc Yr. 2):** | | | | |  | | | |  |
| **Name of Supervisor(s)/Advisor(s):** | | |  | | | | | |  |
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| **ACTIVITIY DETAILS** | |
| **Type of Activity** (please check one only) | Professional Development/ Educational   Job Talks  CASCA  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Topics Related to PhD Research?** | Yes  No |
| **Title of Activity:** |  |
| **Name of Organizer:** |  |
| **Location (City and Country):** |  |
| **Start Date and End Date of Activity:** |  |
| **Website:** |  |

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| **RATIONALE FOR SUPPORT** |
| (Please speak to the nature of your training activity in relation to your career and professional development. Please also explain the uniqueness of your training activity and the reasons for not being funded by other sources.) |
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| **PROPOSED BUDGET FOR YOUR TRAINING ACTIVITY** | | |
| (please include: travel, accommodation, registration fee and meals), proposed contribution from other sources(s), and requested funding from the Dunlap Institute, all in Canadian dollars): | | |
| **Expenses** | | |
|  | **Anticipated Cost** | **Requested from the Dunlap Institute** |
| Inter-City Travel |  |  |
| Accommodation |  |  |
| Registration Fee |  |  |
| Local Transportation |  |  |
| Meals |  |  |
| CASCA Membership Fee |  |  |
| Others:(please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | **Total Anticipated Cost** | **Total Funds Requested from the Dunlap Institute** |
| **TOTAL Expenses** | **CAD** | **CAD** |

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| **I hereby agree that I will adhere to the Dunlap Institute** [**Values Statement**](http://www.dunlap.utoronto.ca/about/values-statement/) **and** [**Code of Conduct**](http://www.dunlap.utoronto.ca/about/code_of_conduct/)**, and follow the U of T Safety Abroad Procedure prior to any travel.** | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |
| **Supervisor(s)/Advisor(s) Approval:** | | | |
| **Signature:** |  | **Date:** |  |
| **Signature:** |  | **Date:** |  |