



2025 VISION SCIENCE RESEARCH PROGRAM - TRAVEL AWARD

Description

Vision Science Research Program (VSRP) is committed to providing travel award support for VSRP awardees. This travel award will enable graduate students to participate in national and international conferences and share their research in oral and/or poster presentations. The aim of the award is to develop presentation, advance research, disseminate new knowledge translation and contribute to the career development of research trainees.

Funds Available

The value of individual awards will be **up to \$2000** to be used for conference participation.

Deadlines

Meetings and conferences occur throughout the year and the Vision Science Research Program will offer travel awards until allocated funding is expended in the specific periods:

Eligible Conference participation date window between: May 1, 2025 - April 30, 2026 (inclusive)

Applications will be accepted beginning: May 1, 2025

Eligibility and Application Process

- 1. Applicants must be a VSRP-supported full-time graduate student at the time of applying and attending the conference they are requesting funding for.
- 2. Only <u>ONE</u> application per lab will be accepted. Supervisors can nominate a maximum of ONE trainees per year. Trainees are eligible to win ONE award per year.
- 3. Successful applications will be notified *prior* to the conference. Instructions will be sent to the award recipient regarding the reimbursement process. It is the award recipient's responsibility to submit all documentation for reimbursement.
- 4. The award recipient must be the first author and presenter of the oral and/or poster presentation.
- 5. Successful awardees will be expected to acknowledge receipt of Vision Science Research Program Travel Award in their conference presentation.
- 6. Awardees will also present conference reports to their lab, inviting other trainees, postdocs or PIs who may wish to learn from their experience.

Allowable Costs and Conference Travel Supporting Documents

The award will be issued as a reimbursement of up to maximum of \$2,000 for allowable travel expenses related to the conference.

Expenses eligible for support through the VSRP Travel Awards program include:

- 1. Participant's travel and accommodation (all travel will be by the lowest economy fare). *Travel outside of Toronto is subject to UHN Travel Policies*
- 2. Conference registration fees
- 3. Printing costs (i.e., posters)
- 4. Meal costs (one meal per day with exclusion of alcohol)

Conference Travel Supporting Documents:

- 1. Confirmation of registration/acceptance
- 2. Confirmation of poster presentation
- 3. Conference program copy





Recipients are asked to submit their travel receipts, itemized meal receipt, conference registration receipt and a copy of conference program along with supporting documents. VSRP encourages trainees to consult with their PIs, in advance, to discuss lab policies surrounding allowable conference expenses and the use of awards to offset costs.

Application Submission

- You will be asked to provide information about yourself and the conference you are requesting funding for.
- You will also be asked to upload a completed and signed copy of the "VSRP Travel Award Application Form" and "PI/Supervisor Attestation Form" below.
 Please submit the file as a PDF or Word document and name the file using the following format: Lastname_Firstname_VSRPTravelAward
- You will be notified once the application has been processed and a decision has been made.
- If you have any questions while completing the application, please email <u>Pranavie.Premkumar@uhn.ca</u>.

NOTE: VSRP financial contributions for this initiative are subject to availability of funds. Should VSRP funding levels be deemed insufficient due to unforeseen circumstances, VSRP reserves the right to reduce, defer or suspend financial contributions to awards received. Funding for this program is limited and only a fixed number of awards will be given. It is anticipated that demand will exceed the available funding. Successful applicants are to inform the VSRP if they are no longer attending the conference for which they received this award, in which case, the award will be withdrawn. These applicants are eligible to apply in future competitions.





VSRP TRAVEL AWARD APPLICATION FORM

University Health Network Donald K. Johnson Eye Institute 60 Leonard Avenue Toronto, ON, M5T 0S8

1. Personal Information:

Start Date: End date: Title of paper or poster to be presented:	Applicant Name (Last / First):			
Institution: Department: Mailing Address: PI/Supervisor Name: PI/Supervisor Email Address: Name of Conference: Dates of Travel: Dates of Travel: End date: Title of paper or poster to be presented: Paper authors: Will you be presenting the paper? Yes No				
Department: Mailing Address: PI/Supervisor Name: PI/Supervisor Email Address: Name of Conference: Dates of Travel: Dates of Travel: Start Date: End date: Title of paper or poster to be presented: Paper authors: Will you be presenting the paper? Yes No	Email Address:	Phone:		
Mailing Address: PI/Supervisor Name: PI/Supervisor Email Address: Name of Conference: Dates of Travel: Dates of Travel: Start Date: End date: Title of paper or poster to be presented: Paper authors: Will you be presenting the paper? Yes No	Institution:			
PI/Supervisor Name: PI/Supervisor Email Address: Name of Conference:	Department:			
Name of Conference: Dates of Travel: Conference Location: Start Date: End date: Title of paper or poster to be presented: Paper authors: Will you be presenting the paper? Yes No	Mailing Address:			
Dates of Travel: Conference Location: Start Date: End date: Title of paper or poster to be presented: Will you be presenting the paper? Yes No	PI/Supervisor Name:	PI/Supervi	sor Email Address:	
Start Date: End date: Title of paper or poster to be presented:	Name of Conference:			
Title of paper or poster to be presented: Paper authors: Will you be presenting the paper? Yes No	Dates of Travel:		Conference Locatio	n:
Paper authors: Yes No No	Start Date: End date:			
Yes 🗖 No 🗖	Title of paper or poster to be presented:		I	
Yes 🗖 No 🗖				
	Paper authors:		Will you be present	ing the paper?
Abstract of your presentation (plain-text format – maximum 200 words)				
	Abstract of your presentation (plain-text format – maximum 200 words)			
Are you the first author of the above abstract?	Are you the first outper of the above abotract?			





2. Applicant confirmation:

I confirm I am registered full-time in my program at the time of application and at the time of proposed travel and that I meet all the eligibility criteria. I understand my application will be returned if it is incomplete or missing supporting. I certify that all information on this application is accurate and that I have not previously received a VSRP Travel Award.

Applicant Signature:

Date: _____

3. PI/Supervisor Approval

I confirm that, as per the guidelines, this applicant is eligible for a VSRP Travel Award and eligible travel costs exceeding the awarded cost (maximum of \$2,000) will be covered by departmental or research funds.

Supervisor/PI Signature: _____

Date:

SUBMISSION INSTRUCTIONS

To apply please submit the following documents electronically in pdf format to Pranavie Premkumar at <u>Pranavie.Premkumar@uhn.ca</u> as a single document in the following order.

- 1. Completed VSRP Travel Award Application Form
- 2. Completed PI/Supervisor Attestation Form
- 3. Conference program
- 4. A description of the conference

IMPORTANT FILE INSTRUCTIONS

File name must follow this format: LastName_FirstName_VSRPTravelAward





PI/SUPERVISOR ATTESTATION FORM

University Health Network Donald K. Johnson Eye Institute 60 Leonard Avenue Toronto, ON, M5T 0S8

Instructions:

- 1) Please have your supervisor answer the questions in the boxes below.
- 2) This form should be signed and dated by you and your supervisor.
- 3) Upload a copy of this form to your online application using the naming convention Firstname_Lastname_VSRPTravelAward.

Applicant and Conference Information:		
Full Name of Applicant:		
Conference Being Applied For:		
Conference Dates (mm/dd/yy): From: To:		
Supervisor Attestation:		
 I confirm that the nominated graduate student is full-time at the institute. 		
 I confirm that I haven't nominated more than <u>one (1)</u> graduate student this award competition. Yes No 		
 How do you feel this conference will benefit the applicant's training? Please explain in 2-3 sentences. 		
Enter your response here:		

We affirm that the provided information and submitted materials are true and accurate representations to the best of our understanding.

Signature of Applicant:	Date:
Signature Supervisor:	Date: