

Deadline: March 15th by 4:30 p.m.

Remote Research Support Fund Application Form

Family Name		Given name and initial(s)		Date			
ACADEMIC BACKGROUND							
Degree	Name of Program	Institution		Department	Name of Supervisor		
Undergraduate							
Graduate							
At the time of application, are you attend Full time Part time				Have you applied for this award in the past? Yes No			
How many credi	t hours will you have cor	npleted towards your	degree whei	n this award is held?			
	S AND OTHER AWARI			•			
Nam	e of Award	Location of Tenure		Period held (mm/yy - mm/yy)			
OTHER INFORM							
Citizenship: Canadian citizen Permanent resident							
Current address			Permanent	t mailing address (if diff	ferent than current)		
If current address is temporary, indicate leaving date			Telephone number at permanent mailing address				
Telephone number at current address			E-mail address				
Name of propos	ed faculty supervisor		Proposed s	start date / Proposed e	nd date		

PROJECT DESCRIPTION: (Attach up to one (1) additional page)

The Project Description should include an overview of the proposed research, including a description of the location that the research will take place and why this location is considered remote. Applicants should also outline the research purpose, objectives/goals, and methods used. Applicants are also encouraged to provide a table with an outline of the estimated costs and/or budget for the requested funds.

PERSONAL STATEMENT: (Attach up to one half (1/2) additional page)

The Personal Statement is a space for applicants to share more about themselves, why this research is important to them, and how this funding might connect to the the work they plan to do in their studies more generally. Applicants are welcome to share personal identity information for EDI purposes, but this is not required.

CONTRIBUTION TO COMMUNITY: (Attach up to one half (1/2) additional page)

The Contribution to Community section is a space for applicants to describe how their project will contribute to the remote community or communities they are visiting for their research, and/or the communities that may benefit from the research results more generally.

TRANSCRIPT INCLUDED:

I have reviewed and support this application.

Signature of Supervising Faculty

Ethics Approval

If research related to your proposed project involves human or animal subjects, your signature below will be interpreted as confirmation that it has been approved by both the departmental and senate ethics committees OR that the process will be completed prior to the undertaking of such research.

STATUS OF ETHICS APPLICATION: (cl	heck one)
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____ Completed

____ In-Process

_____ Not-Applicable

Applicant's Signature:

No research funds will be released until appropriate ethics vetting has been completed.

Please submit your *completed* application with all attachments via email to: researchoffice@uwinnipeg.ca