



Clinical Faculty Renewal Fund (CFRF) Application for Travel Grant

Please return your completed application form to Andrea Ancelin, Administrative Assistant, at aeanceli@ucalgary.ca or Faculty Affairs, TRW 7E15, 3280 Hospital Drive NW, Calgary, T2N 4Z6, by June 15 for July intake or November 15 for December intake. For more information on the CFRF travel grant program and the application process, contact Dr. Dan Zuege, Co-chair UCMG Executive Council, at dan.zuege@ahs.ca or 403-943-4309.

Last name: _____ First name: _____

Department: _____

Meeting title: _____

Meeting date: _____ Meeting location: _____

Member: Geographic full-time (GFT) Major clinical (MCL)

Start date with the University of Calgary Medical Group (UCMG): _____

Intake date: July 2017 December 2017

Previous CFRF Travel Grant received: Date _____ Amount: \$ _____

Thank you for providing the above information that is required in order to determine your eligibility for the UCMG CFRF Travel Grant.

I hereby agree that the information provided can be reviewed confidentially by the Senior Associate Dean (Faculty Affairs) and members of UCMG Executive Council to determine my eligibility for financial assistance from the CFRF.

Signature: _____ Date: _____

Print name: _____

Signature of approval from section or department head attesting to attendance and presentation at a major national or international scientific meeting listed above.

Print name: _____ Title: _____

Signature: _____ Date: _____

Please attach supporting documents:

- Proof of research presentation (acceptance letter or copy of meeting program listing presentation and applicant as first or senior author)
- Proof of attendance at meeting (meeting registration receipt or attendance certificate)