

**Medical Student Travel Bursary for Education Scholarship
Academic Program, Women's College Hospital (WCH)
2023-2024**

Purpose: To support the career growth of medical students in the Temerty Faculty of Medicine through education scholarship at WCH.

WCH recognizes the importance of fostering the development of innovative education research and scholarship skills among MD trainees. We are committed to investing in the future of education scholarship and developing leaders in the field from the earliest stages of their medical careers. Ultimately, this capacity building bursary aims to give students (and their supervisors) a chance to consider education scholarship as a key part of their future career options.

Through a generous donation, the Academic program at WCH offers these bursaries to support University of Toronto medical students from all Academies who were supervised by a WCH supervisor and who presented their education research or scholarship at an academic conference (e.g., medical, healthcare, education).

Up to \$1500 will be awarded to each successful applicant (a total of \$1500 annually) to help cover the cost of items such as travel, accommodation, conference registration, and posters. Successful applicants will be notified via e-mail and be recognized at the annual Women's College Hospital Day of Excellence Ceremony.

Criteria for the bursary are as follows:

- You must be a University of Toronto medical student.
- Education scholarship/research must have been conducted with a WCH supervisor.
- Education scholarship/research must demonstrate alignment with the WCH mission.
- The award recipient must be the first author and presenter of the oral or poster presentation.
- Medical students must not have any other source(s) of funding to attend the conference at which their scholarly work was presented.
- Acceptance of an abstract for oral or poster presentation and presentation at a local, national, or international conference in the previous 24 months.
- MD students are eligible to win 1 award per calendar year. Preference will be given to those without a prior bursary award.

The adjudication committee reserves the right to refrain from awarding this bursary in any given year.

Applications must include the following:

1. Completed contact information form and signed attestation that you did not have any other sources of funding for the conference (see below).
2. Copy of the submitted abstract and acceptance letter from the conference organizers.

3. Letter of support (no more than two pages) from your WCH research supervisor articulating why you should receive the travel bursary (e.g., financial need).
4. A student curriculum vitae (CV) outlining any past research experiences, publications, and other relevant research experiences.
5. Statement of no more than 300 words, on how participation in this research project and presentation contributed to your scholarly development and WCH's vision of revolutionizing healthcare for a healthier and more equitable world and its mission of transforming healthcare and co-creating best health possible through innovative care, research, policy, education, and system solutions.
6. A summary of conference receipts*
 1. Travel costs (all travel will be by the lowest economy fares).
 2. Hotel/Accommodations
 3. Conference registration fees
 4. Printing costs (i.e., posters)

*PLEASE NOTE: The bursary does not cover meals while you are at the conference.

Please email your completed applications to Jennifer Alexander at Jennifer.Alexander@wchospital.ca, with "WCH Medical Student Travel Bursary– [YOUR NAME]" in the subject line. Applications are due by Friday October 27, 2023. Late or incomplete applications will not be considered for the award.

Successful applicants will be asked to provide all original receipts. Currency exchange rates will be calculated using <https://www.bankofcanada.ca/rates/exchange/daily-exchange-rates> or student credit card statement conversions.

For questions, please contact Jennifer Alexander at Jennifer.Alexander@wchospital.ca.

Applicant and Supervisor Contact Information (Required):

Applicant Name: _____ Applicant Email: _____

Applicant Address: _____

Date of Presentation: _____

MD Program Year of Training at time of presentation: _____

MD Program Year of Training at present: _____

Applicant Telephone #: _____

Supervisor Name: _____

Supervisor Email: _____



Attestation (Required):

By signing below, I hereby attest that I had no other sources of funding to attend the conference for which I am applying for funding through the WCH Medical Student Travel Bursary 2023-2024.

Signature: _____ Date: _____