



## STUDENT RESEARCH TRAVEL BURSARY

The Canadian Dental Hygienists Association (CDHA) is pleased to announce its Student Research Travel Bursary program in recognition of the significant contributions that student researchers make in advancing the dental hygiene profession.

Four (4) student recipients will be awarded a maximum of \$500 each to offset travel expenses should they be selected to deliver an oral or poster presentation from the Scientific stream at *DISCOVER: A National Dental Hygiene Conference* in St. John's, Newfoundland, October 3-5, 2019, hosted by the Canadian Dental Hygienists Association. Travel expenses may include airfare, bus or train tickets, accommodation, etc. If selected, the recipients will be required to pay for travel and submit original receipts to CDHA for reimbursement.

Please complete the attached *Student Research Travel Bursary Form* and email it to [mchaulk@cdha.ca](mailto:mchaulk@cdha.ca) by **March 29, 2019**. Late submissions will not be accepted. Applicants will be notified of the review committee's decision in May 2019.

### **Bursary Criteria:**

- The applicant has submitted an abstract to present an oral or poster presentation at *DISCOVER: A National Dental Hygiene Conference* in St. John's, Newfoundland.
- The applicant is enrolled full time in a diploma, undergraduate or graduate program.
- The applicant is a CDHA member.
- Preference will be given to first-time presenters.
- Preference will be given to students who do not have a travel bursary from their home institution or another source.



## STUDENT RESEARCH TRAVEL BURSARY FORM

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

- I have submitted an abstract for *DISCOVER: A National Dental Hygiene Conference*
- I am a full-time student at an educational institution
- I am currently a CDHA member

**Title of Submitted Abstract:** \_\_\_\_\_

**Education Program:** \_\_\_\_\_

(e.g., dental hygiene, public health, education)

**School/Academic Institution:** \_\_\_\_\_

**Anticipated Year of Completion:** \_\_\_\_\_

**Anticipated Credential Upon Completion:** \_\_\_\_\_

(e.g., Diploma, BSc, MPH)

**Have you presented a poster or oral presentation previously at a conference?**

- Yes
- No

**Will you be receiving travel bursaries from your home institution or through other funding sources?**

- Yes
- No
- I've applied to other bursary programs and am awaiting a response
- Other \_\_\_\_\_

I have read and understood the outlined criteria for the student research travel bursary. I confirm that the above information is accurate.

**Signature:** \_\_\_\_\_

[Type your name]

**Date:** \_\_\_\_\_

[dd-mmm-yyyy]

Save your completed form and email it to [mchaulk@cdha.ca](mailto:mchaulk@cdha.ca) by **March 29, 2019**.

Late submissions will not be accepted.