Kids Brain Health Lab Exchange Scholarships are a great way to enrich training, research career development and potentially strengthen collaborations across the KBHN community. Eligible opportunities should enhance training in basic and/or clinical approaches in developmental neurosciences or experience engaging with community organizations that collaborate with KBHN research programs.

The Lab Exchange Scholarship offers travel and accommodation support of up to $2000 (depending on duration and expressed need). Experiences could range from 2-3 days or 1-2 weeks in length, depending on the circumstances. Additional outside support is encouraged (i.e. Fellowship or Grant contributions, or institutional support are acceptable). For further information, contact training@kidsbrainhealth.ca

Eligibility:

* Applicants must be a Network/Associate Trainee Member (Graduate students and Postdoctoral Fellows).
* Additional outside support is encouraged (i.e. Fellowship or Grant contributions, or institutional support are acceptable).
* Trainees may only receive one travel scholarship (and only two awards allowed per Supervisor) per calendar year

How to Apply

* Download and fill out a Lab Exchange Application
* Write a cover letter explaining how this exchange fits into your career development and/or present research plan
* Include a Mentoring and Activity Plan, created along with your mentor and guest mentor
* Submit a letter from the host mentor, describing their specific role in your training and overseeing your exchange
* Include a budget request breakdown of required travel and accommodations, as well as any supporting funds you may receive from other sources
* Submit abbreviated CVs from yourself as the trainee, your supervisor and host exchange mentor.

Required reimbursement materials following travel:

* Proof of conference attendance/Meeting Program-Itinerary
* Activity report from trainee
* Completed Expense claim form (downloaded with this application)
* Receipt issued by the conference organizer showing the amount of the paid registration fee
* Travel and or Accommodation Travel Receipts

***Section A: Trainee Information***

Trainee Name:  Trainee Email:

Applicants Current Location:(Address) (City) (Province) (Postal Code) (Country)

Daytime Phone Number:

**Trainee status:**

[ ] Master’s Student [ ] Doctoral Student [ ] Postdoctoral Fellow

[ ] Other: Trainees Institution/Program–Department: Mentor Institution/Program–Department:

Program Year:  Expected Completion Date:

Current Mentors Name: Phone Number:  Email:

 ***Section B: Lab Exchange Information***

Theme of Exchange:

Location/Institution of Host Lab: **;** Department:

(Address) **;** (City) **;** (Province) **;** (Postal Code)  (Country)

Host Mentors Name: Phone Number:  Email:

**Signatures** (e-signature accepted)

|  |  |
| --- | --- |
| Trainee: | Date: |
| Supervisor:  | Date: |