

International Founders' Fund

The Founders' Fund was developed in honour of the outstanding contributions made to medical laboratory technology and medical laboratory services in Canada by the founding members of the CSMLS. The International Founders' Fund was established by the CSMLS Board of Directors in 1986.

International Activity Award

Awards are available to support activities that promote the image/status of Canadian medical professionals and/or the CSMLS at the international level. Typical activities would include presenting a paper, a poster session, a workshop or a seminar at an international scientific meeting or representing Canada on an international exchange visit. Other activities will also be considered.

Applicants may be granted awards of up to \$3000 at the discretion of the Grants, Scholarships & Awards Committee. **The award will be only granted every odd year.** Interested applicants should submit an application at the earliest deadline to ensure consideration while funds are still available.

Award Guidelines

1. Applicant must be a member in good standing.
2. Applicants who have received an award within the past **three years** will only be considered if there are no other eligible applicants.
3. Applications will be accepted up to 12 months before and up to 12 months after the activity.
4. The application form must be completed fully, and where appropriate additional supporting information must accompany the application.
5. Applicant must include two letters of reference to provide information related to this application.
6. The eligibility of applicants and the granting of awards shall be determined by the Grants, Scholarships & Awards Committee. All decisions are final.
7. Each applicant will be advised of the decision of the Grants, Scholarships & Awards Committee. Once notified of approval you must submit a short article suitable for publishing in CJMLS, describing the activity which the Founders' Fund supported.
8. **If required documentation is not received before application deadline, application will be deemed invalid.** Appropriate documentation includes: evidence of travel, hotel, and registration fees.
9. A member may only be awarded one grant, scholarship or award per year with the exception of the BD Quality Assurance Project Award (if available).
10. Current members of the CSMLS Board of Directors and staff and their immediate families are not eligible for this award.

The deadline for submission is November 1st.
Please note you will be contacted regarding your status via email

Application for International Founders' Fund Award

Important Information

- Please see attached fact sheet for terms of reference
- Your application may be submitted 12 months prior to 12 months after the event
- All sections must be completed (A to E)
- If you are approved you must submit a short article suitable for publishing in CJMLS, along with a headshot

A. CSMLS I.D. # _____
(Please print)

Family Name

First Name

Middle Name

MAILING ADDRESS: _____
Postal Code

EMAIL ADDRESS: _____

Telephone No. Work _____ - _____ - _____

Home _____ - _____ - _____

B. Event/Meeting Title _____

Sponsoring Agency (if applicable) _____

International destination:

City/Cities

Country

Date(s): From _____ To _____
Month Day Year Month Day Year

C. Purpose of visit:

Briefly explain how your visit will promote the image or status of the Canadian Society for Medical Laboratory Science (CSMLS). Use a separate sheet if insufficient space.

Were you invited ☐ or did you offer ☐ were you accepted ☐ or don't you know yet ☐

Please attach a brief résumé (not more than two pages) highlighting qualifications and prior experience that relate to the application.

D. Information on two references (Please print)

1	2
Name _____	_____
Title _____	_____
Institution _____	_____
Department _____	_____
Phone: () _____	() _____
Email: _____	_____

E. Registration Fees	\$ _____	Lodging	\$ _____
Travel	\$ _____	Miscellaneous	\$ _____
TOTAL	\$ _____	Amount of award requested	\$ _____

Have you requested ☐ received ☐ other assistance?

Source _____ Amount \$ _____

Would your institution support the cost of preparing materials for your presentation?

Yes ☐ No ☐

I certify that the above information is accurate.

Signature of applicant: _____ **Date:** _____

Have you followed the instructions at the top of page one of this application form and provided all the information requested?

Mail to:
CSMLS Grants, Scholarships & Awards Committee
Wellington St. N,
Hamilton, ON L8R 1M7

Email to:
awards@csmls.org