

## **The World Medical Laboratory Development Fund**

The CSMLS Board of Directors established the World Medical Laboratory Development Fund (WMLDF) in 1989. The fund was developed with the intent of providing CSMLS members a financial mechanism for supporting projects which fulfill CSMLSs' international goals. These international goals are to facilitate medical laboratory science in developing countries by identifying human and material resource needs that will:

- Assist in the development of medical laboratory services
- Assist in the development of medical laboratory professional societies
- Assist in education related to medical laboratory science
- Identify and provide resources for medical laboratory training programs
- Promote the exchange of ideas at the international level
- Provide awareness of our Society in other countries

### **Guidelines**

1. Fund is open to CSMLS members in good standing
2. Applications will only be accepted 12 months prior to 12 months after the activity has been completed
3. The fund does not support ongoing operational costs of a laboratory or travel costs to attend an international meeting
4. 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)
5. Eligible applicants can be awarded up to \$1000
6. Examples of the support that the fund has provided include:
  - Support of members' travel costs to work as a volunteer technologist outside of Canada
  - Purchase of educational materials or courses for medical laboratory science training programs
  - Financial assistances to purchase laboratory equipment
7. The committee may consider applications for any activity that fulfills the criteria as outlines in the CSMLS's international goals
8. Once notified of approval you must submit a short article suitable for publishing in CJMLS, describing the activity which the Fund supported.
9. Current members of the CSMLS Board of Directors, staff and their immediate families are not eligible for this award.

### **Fund Raising**

The WMLDF is mainly supported by the CSMLS membership through individual and group donations. It does not have charitable status for income tax purposes.

These are a few ways that funds may be raised for the WMLDF:

- *Voluntary contributions*
- *Speaker honorarium* – CSMLS staff and board members speaking on behalf of CSMLS cannot accept honorariums, but have accepted contributions to the WMLDF.
- *In Memoriam & Estate Bequests* – Members have designated the WMLDF as recipient of 'in memoriam' gifts, as well as bequest from an estate.

**The deadline for submission is May 1<sup>st</sup>**



**(Please print)**

Family Name	First Name	Middle Initial
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Telephone No. : \_\_\_\_\_

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

## B. Provide Information about your grant request

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please attach additional information necessary to support your request

Date(s) of expected activity: From \_\_\_\_\_ to \_\_\_\_\_



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Please provide, in detail, the steps that will be taken to carry out this project. Include a detailed timeline, indicating what, when and who will be carrying out each step and how you will be participating in the project. (use additional pages if necessary)

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**D. Equipment, Supplies & Ongoing Maintenance**

If your request involves equipment or supplies, describe who will be utilizing the equipment/supplies and how they have been trained. Also detail plans for sustainability of supplies and equipment and how ongoing maintenance will be carried out.

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**E. Budget Details**

(Please include quotes and/or receipts with application)

	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

Amount of grant requested: \$ \_\_\_\_\_

Have you requested ☐ received ☐ other assistance? Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

**F. Sponsorship**

Are you sponsored by a parent organization in your activities? Yes ☐ No ☐

Is your sponsor aware of this application? Yes ☐ No ☐ Not applicable ☐

Describe sponsorship:

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Canadian Society for Medical Laboratory Science  
Société canadienne de science de laboratoire médical

**E. Previous Grants**

If you received a previous grant from WMLDF, please complete the following:

Grant \$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Purpose \_\_\_\_\_

Grant \$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Purpose \_\_\_\_\_

Grant \$ \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Purpose \_\_\_\_\_

F. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**We reserve the right to request further information.**

**Failure to do this will cause your application to be returned to you.**

**The deadline for submission is May 1<sup>st</sup>.**

**Mail to:**

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

**Email to:**

awards@csmls.org