

STUDENT PROGRAM

\*NEW\*

TRAVEL AWARD :

INTERNSHIP and TRAINING

\*NEW\*

2025-2026 Competitions

VISION SCIENCES RESEARCH NETWORK

REGULATIONS

|  |  |  |
| --- | --- | --- |
| **EDITION** | ***Application Deadline* *for applying*\*** | **Training must start within this period** |
| |  | | --- | | **Summer 2025** | | |  |  |  | | --- | --- | --- | |  | **March 1, 2025** |  | | |  | | --- | | **May 1 to August 31, 2025** | |
| |  | | --- | | **Fall 2025** | | |  |  |  | | --- | --- | --- | |  | **July 1, 2025** |  | | |  | | --- | | **September 1 to December 31, 2025** | |
| |  |  | | --- | --- | | **Winter 2025** |  | | |  | | --- | | **November 20, 2025** | | |  |  | | --- | --- | |  | **January 1 to April 30, 2025** | |

*\*Should these dates fall on a Friday, Saturday or Sunday, the candidates will have until* ***Monday morning*** *to send their application.*

**Objectives**

The goal of this initiative is to provide financial support to student members whose research or internship supervisor is a member of the Vision Science Research Network (RRSV). This support applies to an **INTERNSHIP** (summer/fall/winter or research initiation) or a **SHORT-TERM TRAINING** program (training on sophisticated equipment, specialized courses, laboratory visits to develop/pursue collaborations, summer schools, etc.). The internships must last a **minimum of 3 months**. **The short-term training stay must last at least 5 days**.

The specific objectives of the program are to:

* Promote networking and collaborations;
* Facilitate the mobility of members from the Network to enhance their knowledge through the acquisition of new skills during internships or short-term training;
* Reward excellence in vision science research by student members of the VSRN;
* Ensure recognition of their work within the national and international scientific community;
* Stimulate the interest of students early in their training to allow the most promising to continue their studies in vision science;
* Help student members of the Network develop their research capabilities by providing advanced training in cutting-edge vision research

**Eligibility**

The eligibility criteria for this program are:

## Relevance of the project to the mission and health research areas of the VHRN vision. Applications that do not meet the mandate of the VHRN will not be evaluated

## This program is open to all student members of the Vision Network (college, 1st cycle (including medical students), 2nd, 3rd cycle, postdoctoral trainee, or resident).

## One of the two supervisors must be a member of the RRSV.

## The competition takes place three (3) times a year, and you must apply by the deadline corresponding to the period when your internship/training will take place.

## Only one (1) application per candidate will be accepted per competition.

## The same candidate cannot receive two (2) awards in the same fiscal year.

**IMPORTANT:** You cannot combine this scholarship with the Recruitment and Pathway to Excellence Scholarship during the same period.

## Amount and number of awards

* The maximum funding value is **$3,000**.
* The number of scholarships awarded per competition depends on the available funds for this program.
* One (1) scholarship per student per fiscal year (April 1 to March 31) may be awarded under this program. Please contact [reseau.vision@ircm.qc.ca](mailto:reseau.vision@ircm.qc.ca)  if you have any questions regarding your eligibility.

## Eligible expenses (training only)

## Eligible expenses include transportation costs (economy class), permit and visa fees, medical insurance, accommodation, meal expenses ($50/day excluding alcohol), and registration fees, if applicable. However, if travel is not necessary (e.g., if the student is from Quebec or a nearby region), Section 5 should not be filled out for transportation costs. However, other eligible expenses, such as registration and meals, can be reimbursed, even if the activity is local.

**Evaluation criteria**

To award a prize, the evaluation committee will consider the excellence of the research, the relevance and impact of the event on the student's training, and the potential to increase intersectorality in vision research in Quebec. Each application will be evaluated and ranked based on its individual and collective merit, based on the following documents:

* Quality of the justification
* Just and reasonable budget (If present)

**Commitment**

Any recipient of a “Scientific Presentation and Training Award” agrees to:

* Acknowledge the support of the VHRN in their presentation (oral or poster) and following publication resulting from the project for which he was awarded the award by using one of the following wordings, according to the publication language and to the research project topic:
  + ***« Le Réseau de Recherche en sciences de la vision » or « The Vision Sciences Research Network »***
* Notify VSRN of their progress (study program or employment) after their studies in a VSRN laboratory to help VSRN evaluate the impact of its funding programs.
* Present the results of their research project at the VSRN annual meeting.

**How to apply**

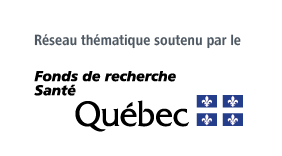
The candidate must complete the **electronic form** (Sections 1 to 3) available on the competition **homepage "** **Travel Award: Training Internship "** and attach the following documents to the form in a **single PDF document**:

In the following order:

1. **Supervision form** (Section 4) (internship only) or **letter of acceptance from the Summer School/workshop/seminar**
2. **Cost estimate** (Section 5) (training only)
3. Scientific CV of the candidate (Common Canadian CV including detailed contributions in FRQS format, if applicable)

**IMPORTANT**: The scholarship payment will be made **after** the activity once all supporting documents (official receipts, boarding passes, etc.) have been received by VSRN.

Incomplete and / or non-compliant applications will be rejected.



**For additional information and/or to confirm eligibility:**

Vision Health Research Network (visionnetwork.ca)

reseau.vision@ircm.qc.ca



TRAVEL AWARD:

TRAINING INTERNSHIP

2025-2026 Competitions

ELECTRONIC FORM  
*(For informational purposes only*

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## STEP 1 - IDENTIFICATION

## \*Applicant: First Name Last Name Email

## \*Degree: *College/university student (1st, 2nd, or 3rd cycle),Ppostdoctoral Fellow, resident/fellow*

## \*Type of research: Discovery*, clinical, translational (preclinical), epidemiology, knowledge transfer, technology transfer, social sciences, Policy, and Public Health*

## \*Study Program: (to complete)

## \*Affiliation: *University, Research Center, institute, etc.*

## \*Supervisor: First Name Last Name Email

## Co-Supervisor (if applicable): First Name Last Name Email

\*Axis : *Vision Neurosciences, Emerging Technologies, Rehabilitation and Social Issues and Visual Disorders, Biology and Pathology of vision*

\*Does this project result from the use of a VHRN resource?  *No / Yes*

*(Network Programs: Common Infrastructures, National and International Networking or other VHRN Student fundings)*

## \*Involved sectors Health, Natural Sciences and Engineering, Social Sciences and Humanities, Arts and Letters

\***I**s this project part of another funding request outside of the RRSV? *No / Yes*

*(If yes, please specify: Deadline for the request: \_Funding organization: \_\_, Name of the funding program:\_\_*

## \*Type of activity: *Summer internship, short-term training, other type of internship (please specify)*

## \*Scope of the event: Provincial, national or international level

## \*Name of the event: (to complete)

## \*Starting date (duration): *YYYY-MM-DD (x day(s))*

## \*Place: *University / Institute / Congress Center, city, province, country*

## Web site (if known): (to complete)

## *\*Mandatory fields*

## SECTION 2: DETAILS ABOUT THE INTERNSHIP OR TRAINING FORMATION

**Contact information of the host supervisor or workshop details**

\* NAME, First Name:

\*Email:

\*Affiliation :

\*Postal adress:

**List of all individuals involved in the project and their roles**

|  |  |
| --- | --- |
| **Name** | **Role** (2nd, 3rd cycle students, postdoctoral interns, supervisors, collaborators, host researchers, assistants, technicians, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

**Description of the hosting environment (**maximum **100 words)**

## SECTION 3 : JUSTIFICATION (maximum 400 words)

## 

## *Describe the nature of the activities undertaken during your visit, your role, the impact on your training, and the potential to increase your research capacity. Describe the outcomes of this internship (leveraging effect) and the interdisciplinary nature of this training*.*.*

## DOCUMENTS TO ATTACH

## *Attach all sections and supporting documents to the application in a single PDF (see previous page).*

|  |  |  |
| --- | --- | --- |
|  | Submit |  |

## *You will receive an email confirming that you have submitted your application.*

**Candidate** (First Name LAST NAME)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION 4 : SUPERVISION ACCEPTANCE FORM (INTERNSHIP ONLY)

## Complete the following fields.

|  |  |  |
| --- | --- | --- |
| **Name** of the primary supervisor (write "N/A" if there is **NO** primary supervisor) |  |  |
| **NAME** | **First Name** |
| **VSRN Member** | yes  no | |
| **Institution where you are currently enrolled:** |  | |
| Researcher at whom you will be doing the internship/training |  |  |
| **NAME** | **First Name** |
| **VSRN Member** | yes  no | |
| Hosting institution: |  | |

**THIS SECTION MUST BE COMPLETED BY THE INTERNSHIP SUPERVISOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I confirm that: |  | | |  | |
| **Candidate’s NAME** | | | **Candidate’s First Name** | |
| will undertake an internship/training from: | | |  | |  |
| **Start date** | | **End date** |
| in my laboratory located at: | | |  | | |
| **University/center/institution/city/province/country** | | |
| **Supervisor’s :signature :** | |  | | | |

**Candidate** (First Name LAST NAME)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION 5 : ESTIMATION OF COSTS (TRAINING ONLY)

## Complete the following fields.

|  |  |
| --- | --- |
| **Details of expected expenses** | **Amount**  **($ CAN)** |
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|  |  |
|  |  |
| **Total\*** |  |

\*Even if your total exceeds the maximum amount allocated, the network will issue a cheque to the awardee up to **$3,000.**

Note: Original invoices and boarding passes for flights are required for cheque issuance.