

# **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 <u>Monday morning</u> 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 <u>reseau.vision@ircm.qc.ca</u> 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

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## **STEP 1 - IDENTIFICATION**

*Applicant:	First Name	Last Name	Email	
*Degree: *Type of research: *Study Program:	College/university student (1st, 2nd, or 3rd cycle),Ppostdoctoral Fellow, resident/fellow Discovery, clinical, translational (preclinical), epidemiology, knowledge transfer, technology transfer, social sciences, Policy, and Public Health (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			
	n the use of a VHRN resource	?	No / Yes ng or other VHRN Student fundings)	
*Involved sectors	Health, Natural Sciences an	d Engineering, Social Science	es and Humanities, Arts and Letters	
	er funding request outside of the state of t		No / Yes e funding program:	
*Type of activity:	Summer internship, short-te	rm training, other type of inten	nship (please specify)	
*Scope of the event:	Provincial, national or interna	ational level		
*Name of the event:	(to complete)			
*Starting date (duration):	YYYY-MM-DD (x day(s))			
*Place:	University / Institute / Congre	ess Center, city, province, cou	intry	
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	<b>Role</b> (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.

<b>Name</b> of the primary supervisor (write "N/A" if there is <b>NO</b> 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 NAM	E	Candidate's First Name	
will undertake an internship/training from:		Start date	End date	
in my laboratory located at:		University/cent	er/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)
	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.