

EDITION	Deadlines application*	Training must start during this period
Summer 2026	**March 1st 2026**	**Between April 1, 2026 and March 31, 2027 (the application must be submitted BEFORE the start of the training)**
Fall 2026	**July 1st 2026**	
Winter 2027	**November 1st 2026**	

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

Objectives

This initiative provides financial support to student members whose research supervisor is a VSRN member, to carry out **SHORT-TERM TRAINING** (e.g., training on sophisticated equipment, specialized courses, lab visits to start/continue collaborations, summer schools, etc.).

Minimum duration: **FIVE (5) DAYS**

The specific objectives of the program are to:

- Promote networking and collaborations;
- Facilitate the student mobility of Network members to perfect their knowledge through the acquisition of new skills during internships or short-term training courses;
- Reward excellence in vision health research by VSRN trainees;
- Ensure recognition of their work within the national and international scientific community;
- Support students in developing research capabilities through cutting-edge training,

Eligibility

The eligibility criteria for this program are:

- Relevance of the project to the mission and health research areas of the VSRN vision. Applications that do not meet the mandate of the VSRN 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) and research professionals.
- One of the two supervisors must be a member of the RRSV.
- Only one (1) application per candidate will be accepted per competition.
- The same candidate cannot receive two (2) awards in the same fiscal year (April 1 to March 31).
- The internship must be completed on a **FULL-TIME** basis.
- The scholarship cannot be deferred to another period. Any deferral requires a new application and invalidates the initial decision.

IMPORTANT: You cannot combine this scholarship with the Recruitment Scholarship during the same period.

Questions? reseau.vision@ircm.qc.ca

Amount and number of awards

- The maximum funding value is **$3,000.**
- If another travel grant is received, **only uncovered expenses will be reimbursed**.
- 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.

Eligible expenses

Transportation (economy class), visa/permit fees, medical insurance, accommodation, meals ($50/day excl. alcohol), and registration fees (if applicable).

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:

- the quality of the justification and hosting environment,
- and a fair and reasonable budget (if applicable).

Commitment

Any recipient of a "Travel Award" agrees to:

- Acknowledge the support of the VSRN 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 » (doi.org/10.69777/337774)***
- 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"** and attach the following documents to the form in a **single PDF document**:

In the following order:

1. Budget Estimate (Section 4)
2. Supervision form (Section 5 or letter of acceptance)
3. Scientific CV of the candidate **FRQ Abridged CV** (2 pages max, letter format)
4. Letter of support from research director explaining training relevance

IMPORTANT: The scholarship will be paid **after** the training, once all receipts (official invoices, boarding passes, etc.) and administrative information are received.

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

For additional information, please contact:
Vision Sciences Research Network (visionnetwork.ca)
reseau.vision@ircm.qc.ca

Réseau thématique soutenu par le
Fonds de recherche Santé Québec



STEP 1 - IDENTIFICATION

***Applicant :**	*First Name*	*Last Name*	*Email*
***Degree:**	*College or university student (1st, 2nd, or 3rd cycle), MD student postdoctoral fellow, resident/fellow, research professional*		
***Type of research:**	*Discovery, clinical, translational (preclinical), epidemiology, knowledge transfer, technology transfer, social sciences, Policy, and Public Health*		
***Study Program:**	*(to complete) (write N/A if research professional)*		
***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, Vision, Access, And Participation, Biology and Pathology of vision*		
***Involved sectors:**	*Health, Natural Sciences and Engineering, Social Sciences and Humanities, Arts and Letters*		
***Does this project result from the use of a VSRN resource?** *(Network Programs: Common Infrastructures, National and International Networking or other VSRN Student fundings)*			*No / Yes*
***Is this project part of another funding request outside of the VSRN?** *(If yes, please specify: Deadline for the request: _Funding organization: __, Name of the funding program:_*			*No / Yes*
***Type of activity:**	*Training on sophisticated equipment/ specialized courses/ laboratory visit to initiate/continue a collaboration/ summer school (other than VSRN)/ other type of training (please specify)*		
***Scope of the event:**	*Provincial, national, or international level*		
***Name of the event:**	*(to be completed)*		
***Starting date (duration):**	*YYYY-MM-DD (x day(s))*		
***Place:**	*University / Institute / Congress Center, city, province, country*		
***Have you applied for another travel grant?**	*No / Yes, please specify*		
***Event website (if known):**	*(to be completed)*		

**Mandatory fields*

SECTION 2: DETAILS ABOUT THE TRAINING

Contact information of the host supervisor or workshop details

*LAST NAME, First Name:
*Email:
*Affiliation:
*Postal address:

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 5 : ESTIMATION OF COSTS

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.

SECTION 5 : SUPERVISION ACCEPTANCE FORM

Complete the following fields.

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 :	