# Atlantic Indigenous Mentorship Network

# Emergency Relief Bursary for COVID-19

The Atlantic Indigenous Mentorship Network is aware that the current COVID-19 pandemic may be impacting our**trainees and early career investigators** in a variety of ways. This Emergency Relief Bursary is for **trainees (this includes Undergraduates, Masters, PhD, and Post-Doc students), along with Early Career Investigators** who have been impacted by the current COVID-19 Pandemic. Students who are accepted into a program for Spring, Summer, or Fall of 2020 are also eligible to apply. Funding amounts of **$1,000**are available for **Indigenous trainees** **and early career investigators** who express a financial need through the current pandemic. Priority will be given to individuals who are undertaking Indigenous health research that serves to benefit Indigenous communities in Atlantic Canada. Limited funds are available.

### Application Instructions

Please complete this application and submit via email to [info@atlantic-imn.ca](mailto:info@atlantic-imn.ca) **by June 3rd, 2020 at 9pm ATL.** In addition to this, an e-mail or letter from your supervisor (thesis supervisor or work supervisor) confirming your need for this emergency relief fund support is required if you are a student.

### Application Checklist

* Application form
* Verification/confirmation of enrolment form\* (if applicable)
* Letter or e-mail from a supervisor (if applicable)

\*For students already enrolled in a program, we are seeking confirmation that you are enrolled in a program for Summer 2020. For students who are beginning their studies in the Fall of 2020, please send your confirmation of acceptance.

### Application Form

|  |  |
| --- | --- |
| **Applicant Information** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: | Program/Degree (if applicable): |
| Year of study (if applicable): | Indigenous identity (e.g., Mi’kmaq): |
| How did you hear about this funding opportunity? | |
| **Academic Supervisor or Work Supervisor Information (if applicable)** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: |
| Faculty/Department: | Position: |
| **Second Academic Supervisor Information (if applicable)** | |
| Name: | Email: |
| Mailing address: | Telephone: |
| Institution: |
| Faculty/Department: | Position: |
| **Questions:** | |
| *Describe the financial impact of COVID-19 on your work and/or research activities (maximum 250 words):* | |
| *Describe your need for this bursary and how it can support you during this time (maximum 250 words):* | |

### Additional Application Materials

The following should be submitted alongside the completed application form via email to the Atlantic-IMN Coordinator ([info@atlantic-imn.ca](mailto:info@atlantic-imn.ca)) with the applicant’s last name and type of application in the subject line and the application file name (e.g., LastName\_EmergencyReliefBursary):

* Verification/confirmation of enrolment form or letter of acceptance: Verification/confirmation of enrolment forms or letters of acceptance are not required by the submission of the application but should be sent to the Atlantic-IMN Coordinator as soon as possible.
* A letter or e-mail from your supervisor (academic or work) confirming your need for this emergency relief bursary (if applicable)

### Review Process

Assessment of applications will be based on each individual’s expression of circumstances and/or need, with priority being given to Indigenous trainees and early career researchers undertaking Indigenous health research. You will be notified by the Atlantic-IMN Coordinator about the status of your bursary.

### Signature

All details in this application are true and are as accurate as possible. I accept the terms and conditions applied to any bursary received through this application.

|  |
| --- |
| Applicant name: |
| Signature: |
| Date: |