

I-ACT for Children Educational Grant 2021 - Application

Contact Information

Name of Institution:

Name of Applicant:

Position and Title:

How many years in pediatric research?

Address:

Telephone:

Email Address:

Name of I-ACT for Children Point of Contact:

Telephone:

Email:

Name of I-ACT for Children Physician Site Champion:

Telephone:

Email:

Conference/Course Information

Name of Conference/Course:

Date:
START END

Is this an online event? YES NO



Location:
CITY STATE HOTEL NAME (if applicable)

Anticipated [estimated] cost (include conference/course registration fee, airfare, hotel, meals, ground transportation, books/study guides): \$

Please note: Awards will be paid as reimbursement after the conference has ended. Awardees will be required to submit detailed receipts for the above-noted expenses; alcoholic beverages cannot be reimbursed. (If airfare is purchased in advance, it may be reimbursed at the time the grant is awarded; receipts required.)

Personal Statement

Describe your qualifications and accomplishments, how the selected research conference relates to your work in pediatric research and how the award will benefit you and your home institution. (500 words maximum)

Statement of Financial Need

Is there a financial need that should be considered upon reviewing this application? If so, please describe. (150 words maximum)

YES

The site POC should email the completed application and accompanying documents to Gabriela Tulloch (gabriela.tulloch@iactc.org) by September 30, 2021