

ArcticNet Training Fund Application Form  
(To be filled out by applicant)

*Please use Times New Roman (11 points) and do not exceed the allocated space in each cell.*

<p><b>1. Name, title, affiliation and full address (with e-mail) of applicant:</b></p>
<p><b>2. Name, title, affiliation and full address (with e-mail) of supervisor/sponsor:</b></p>
<p><b>3. Number and Title of ArcticNet project, Cycle 3</b> No: Title :</p>
<p><b>4. Name, contact information (phone &amp; website address if available), location and dates of training opportunity:</b></p>
<p><b>5. Please state the relevance of the training opportunity to your career plan:</b></p>

**6. (Continued) Please state the relevance of the training program to your career plan.**

**7. Please provide an estimate of expected costs for attending the proposed training program.** *The ArcticNet Training Fund will cover 75% of the participation costs of the applicant up to a maximum of \$5K. The remaining 25% should be covered by the applicants' supervisor/sponsor or with other funds available to the applicant for the training activity.*

<b>Item</b>	<b>Estimated Cost (in CAD)</b>
Registration:	
Airfare:	
Other travel:	
Lodging:	
Meals:	
Other (specify):	
<b>Total Estimated Cost:</b>	
<b>ArcticNet Award Estimate*:</b> <b>(75% of total estimated cost)</b>	

\* The official amount of the ArcticNet Award will be determined by the actual costs of the training.

**Notes:**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Please return the completed form (by email, fax or mail) to [Christine Demers](#) at the ArcticNet Administration Centre.