

## **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.

1. Name, title, affiliation and full address (with e-mail) of applicant:				
2. Name, title, affiliation and full address (with e-mail) of supervisor/sponsor:				
2. Name, title, all matter and tun address (with e-man) of super visor/sponsor.				
3. Name, contact information (phone & website address if available), location and dates of training				
opportunity:				
4 Please state the relevance of the training apportunity to your career plan:				
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4. (Continued) Please state the relevance of the training program to your career plan.				
5 Plassa provida an actin	nate of expected costs for attend	ing the proposed training pr	ogram The ArcticNet	
	75% of the participation costs of the			
25% should be covered by	the applicants' supervisor/sponso			
training activity.				
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-	Item	Estimated Cost (in CAD)	_	
	Registration:			
-	Airfare:			
-	Other travel:			
	Lodging:			
	Meals:		_	
	Other (specify):		_	
_				
_	<b>Total Estimated Cost:</b>			
	ArcticNet Award Estimate*:			
	(75% of total estimated cost)			
* 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 <u>Natalie Desmarais</u> at the ArcticNet Administration Centre.