**Academic and Leadership Support Fund**

**APPLICATION FOR SCHOLARLY PRESENTATION SUPPORT**

**Support Fund Checklist**

**Applicant Checklist**

| **Action** | **Status** |
| --- | --- |
| Completion of application |  |
| Proof of acceptance of poster |  |
| Proof of registration and attendance |  |

**Payment Checklist**

| **Action** | **Status** |
| --- | --- |
| DTPC decision |  |
| Receipt or proof of payment for release of funds |  |

Name of Author/Requestor:

Date of Application:

Clinical Practice Address:

| Title of Presentation: | Name of Conference/Event: |
| --- | --- |
|  | Location of Conference/Event: |
| Type of Presentation: | Date(s) of Conference/Event: |

Have you previously received funds from the Academic and Leadership Support Fund on this particular topic?

**YES NO**

If yes, please specify:

**[Signature of Author/Requestor]** Date

**[Signature of Approver]** Date