



FOREA TRAVEL GRANT

PURPOSE

The FOREA Travel Grant sponsored by Flex Frames is intended to facilitate orthoptic research, to encourage collaboration among students, orthoptists, and physicians through research, and provide the opportunity to travel to meetings with the intention of sharing research and gaining knowledge of the orthoptic profession.

The Grant supports individuals who desire to share their orthoptic research work at a national American Association of Certified Orthoptists or Canadian Orthoptic Society meeting but do not have the financial means to do so. The Grant may help fund travel-related expenses as well as meeting registration costs.

ELIGIBILITY

All currently-enrolled orthoptic students and certified orthoptists are eligible to apply. The Grant is awarded based on financial need; applicants must disclose their annual household income as well as any travel or educational monies provided by their training program/place of employment.

COMMITMENT

By accepting the Grant, the applicant commits to developing a polished, professional presentation for an upcoming American Association of Certified Orthoptists or Canadian Orthoptic Society meeting. If the applicant is a student, he/she must commit to working with their program director to complete research and develop their presentation.

PROOF OF ATTENDANCE

Applicants must provide proof of planned attendance at an upcoming meeting (an invitation, etc.) for an application to be considered. Please attach this to the application.

ABSTRACT

Applicants must provide a working abstract of their presentation for an application to be considered. Please attach this to the application.

DEADLINE

Applications for the Grant must be submitted to FOREA at least 90 days before the requested meeting. This allows adequate time to review all applications.



FOREA TRAVEL GRANT APPLICATION

Conference Name: _____

Travel Dates: _____

Location: _____

Applicant Information

Name as it Appears on ID or Passport		DOB
Phone		E-mail address
Address	Place of Employment/Training Program	
Place of Employment/Training Program Address		Phone
Year of Orthoptic Certification/Planned Certification		
Annual Household Income		
Travel/Educational Monies Provided by Training Program/Place of Employment		
Meetings Attended in the Preceding 12 Months (please list)		



Presentation Information

<hr/> <p>Presentation Title</p> <hr/>
<hr/> <p>Sponsoring Physician/Program Director</p> <hr/>

Applicant Signature

Date

Sponsoring Physician/Program Director Signature

Date



FOREA Travel Grant Attestation

I _____ (print name) attest that the above information is accurate and truthful. I am applying for a financial need travel grant through FOREA and Flex Frames and understand that the Grant is awarded based on financial need. I have no other means to travel to the meeting without the use of the FOREA travel grant sponsored by Peter Montana with Flex Frames.

FOREA and Peter Montana reserve the right to withdraw the offer of the travel grant if any of the above information is found to be false or fraudulent.

Applicant Signature

Date

Sponsoring Physician/Program Director Signature

Date