



Department of Family Medicine

Department of Family Medicine Endowment Fund Application/Nomination Form (To Support “DFM Endowment Fund Terms of Reference”)	
Name:	Email:
Department Affiliation: <input type="checkbox"/> Undergraduate medical student (Yr.____) <input type="checkbox"/> Postgraduate resident (PGY____) <input type="checkbox"/> Faculty member <input type="checkbox"/> Staff member	Phone: Address:
As Faculty/Staff, I am classified as: <input type="checkbox"/> Continuing (permanent) position <input type="checkbox"/> Project/Term position <input type="checkbox"/> Nil-Salaried Appointment	
Type of request: <input type="checkbox"/> Seminar, Workshop, Conference <input type="checkbox"/> Award of Recognition/Achievement Nomination <input type="checkbox"/> Non-Mandatory Professional Development (see also “DFM Elective Professional Development Application Form”) <input type="checkbox"/> Research and Scholarly Activity <input type="checkbox"/> Other (please specify): _____	
Detailed description of request: please refer to “DFM Endowment Fund Policy & Procedures” Section 4.3 for a list of guidelines when providing the description for requests other than for nominations (please attach additional pages as needed)	
Type and amount of funding support requested: (e.g. resources/tuition/registration/travel/accommodations/award etc.)	
List funding received and/or applied for from other sources:	
Signature of applicant or nominator:	Date:



Required Attachments (if applicable):

- Description of the event (e.g., course description; conference agenda etc.)
- Supporting letter from direct supervisor if required

Please direct your completed application/nomination form well in advance to:

Ms. Debby Hando, c/o Dept. of Family Medicine, S100 Medical Services Building, 750 Bannatyne Ave, Winnipeg, MB., R3E 0W2; or by email: debby.hando@umanitoba.ca

For Departmental Use Only

<p>Application/Nomination Selection Committee Decision</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <p>Reasons if Not Approved:</p>	<p>On behalf of the Selection Committee (Required signature):</p> <p>Date:</p>
<p>Follow up communication sent to Applicant/ Nominator</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes 	<p>Date:</p>
<p>Type and amounts of support awarded (e.g. resources/ tuition/ registration /travel/ accommodations/ award etc.):</p> 	
<p>FOAP:</p>	