

## Academic and Leadership Support Fund

### APPLICATION FOR TUITION/EDUCATION SUPPORT

### Support Fund Checklist

Applicant Checklist	Action	Status
	Completion of Application	
	Pre-screening meeting with the Chair	

Payment Checklist	Action	Status
	DTPC decision	
	Proof of enrolment	
	Proof of completion of agreed upon milestones are required to release funds	

Name of Applicant:	Date of Application:
Clinical Practice Address:	
Amount of funds requested: \$	Have you served in an academic capacity with the DFM for at least two (2) years? <b>YES NO</b>
Have you previously received any funding from the Academic and Leadership Support Fund <b>YES NO</b> If yes, please specify:	

#### Program Information (attachments are accepted):

Name of Program:	Program Duration:
Location of Program:	Estimated start date:

Title or designation (if applicable) upon completion:	Estimated date of completion:
Please provide a brief description of the program:	
Describe how this program is linked to your career goals:	
Describe how your successful completion of this program will benefit the Department of Family Medicine:	
This fund was created to enrich DFM's academic mission and/or allow for more effective succession planning. Describe how you would share the key learning of this higher learning program with fellow faculty members and/or residents (i.e., lunch and learn, faculty development workshop, coaching, mentoring, etc.)	
Please provide any other information relevant to the consideration of this request.	

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**[Signature of Applicant]**

Date

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**[Signature of Approver]**

Date