# Children’s Hospital Foundation2017 QPID Education and Travel Grant Round

Letter of Support

The Letter of Support is to be completed by the Director, Research Management Office or equivalent of the Administering Institution.

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| **Applicant Name** |  |
| **Grant Type**  |  QPID Education and Travel Grant |
| **Grant Title** |  |
| **Grant Application Number** (obtain from SmartyGrants) |  |

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| **Personal Details *(person providing Letter of Support)*** |
|  Title |  Given Names |  Surname |
|  |  |  |
|  Phone |  Email |
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|  Position |  Institution Name |
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## Eligibility criteria

I confirm that the Children’s Hospital Foundation Grant application meets the following general Eligibility Criteria:

* Applicant‘s proposed funded grant is within at least one of CHQ’s priority areas of research.
* Applicant is a current PhD student, Postdoctoral researcher, Early Career Researcher or Advanced Researcher in the QPID scientific laboratory or in the Department of Infectious Diseases, Immunology/Allergy and Rheumatology and has no other sources of education and/or travel funding.
* Proposed grant will be expended within 12 months of award.
* Applicant adheres to the eligibility criteria outlined in the *Children’s Hospital Foundation 2017 QPID Education and Travel Grant* *Application Guidelines*
* I have consulted other relevant CHQ staff

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| Signature | Date |