Faculty of Medicine – University of Toronto

DOCTOR OF MEDICINE PROGRAM
TRAVEL STIPEND APPLICATION FORM

APPLICATION DEADLINE: 30 DAYS POST-ROTATION

INSTRUCTIONS

After completing the application, please return to the Medical Education Office at your home base hospital. Mississauga Academy of Medicine (MAM) students, return form to the Terence Donnelly Health Sciences Complex. This form can be used to apply for the travel stipend for **one rotation** or **one Family and Medicine Longitudinal Experience (FMLE) placement**. Please use an additional application form for each rotation.

INFORMATION

The travel stipend aims to reduce the cost of essential travel for students who have been identified as having financial need who may have to do substantially more travel in comparison to other students depending on their placement for clinical rotations and FMLE. The travel stipend is a subsidy only and is not intended to cover the full cost of travel.

FINANCIAL NEED DEFINITION

Financial need is generally determined as a result of your OSAP/government loan application. Students who receive Faculty of Medicine Grant funding or who receive funding through either the Enhanced Bursary Program or the MD Admission Bursary Program are deemed to have financial need. If you have any questions about whether you have been identified as having financial need, please contact: medicine.financeawards@utoronto.ca.

ELIGIBLE PLACEMENTS

Eligible placements are those which require travel for more than one hour as calculated using a standard public transit calculation aid such as Google maps/TTC trip planner OR requires the use of more than one public transit system, for example TTC and GO Transit.

TRAVEL TIME

For the purpose of calculating travel times, the following base sites will be used:

THIRD-YEAR CORE ROTATIONS AND FOURTH-YEAR SELECTIVES

Fitzgerald Academy (FITZ):	St. Michael's Hospital
Mississauga Academy of Medicine (MAM):	Mississauga Academy of Medicine
Peters-Boyd Academy (PB):	Sunnybrook Health Sciences Centre
Wightman-Berris Academy (WB):	Toronto General Hospital

FMLE

Travel times will be calculated from the Medical Sciences Building for St. George-based students, or the Terrence Donnelly Health Sciences Complex (HSC) for MAM students

STIPEND AMOUNTS

Core rotations and selectives:	$50 per week for use of a single transit system $100 per week for use of two transit systems

PAYMENT

Travel stipend payments will be credited to your University of Toronto Student Account. A refund will be issued to you once deductions have been made for any outstanding fees.

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PART 1: PERSONAL INFORMATION

Last Name:	Date:
First Name:	Program Year: ☐ 2 ☐ 3 ☐ 4
U of T Student Number:	Academy: ☐ FITZ ☐ MAM ☐ PB ☐ WB
Clerkship Rotation (if applicable): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F	

PART 2: CORE CLINICAL ROTATIONS AND SELECTIVES, or FMLE PLACEMENT

PLACEMENT DETAILS

☐ Travel to my rotation requires the use of one transit system and the travel time is more than one hour.		
☐ Travel to my rotation requires the use of two transit systems.		
Transit system(s):		
Start date:	End date:	Number of weeks:
Location/Hospital:	Rotation/Department:	
Academy approval (staff member):		**Date approved:**

DECLARATION

By signing below, I confirm that all of the information provided in this application is true and complete. I understand that if I fail to provide complete and true information, the Faculty of Medicine may restrict me from receiving further financial assistance in the future.

Some grants are funded by private donors who wish to receive limited information about recipients. This could be general, biographical and/or academic in nature. Please check below if you do not wish to have information about you released. ☐ I do not wish to share my information with donors.

I understand that the Student Financial Services Offices will use address information housed in the MedSIS system for contact purposes and that it is my responsibility to ensure information housed in the MedSIS system is complete and accurate.

I have read and understood this Declaration and Consent and my signature attests to my consent to the collection and disclosure of my personal information and that my declaration is true.

Signature of Student:	Date:

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be reviewed by members of the Undergraduate Bursary Committee. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

RETURN COMPLETED FORM TO THE MEDICAL EDUCATION OFFICE AT YOUR HOME BASE HOSPITAL
(MAM students please return to the HSC admin office)

OFFICE USE ONLY	Funding:	Fund #:	Date: