**Postdoctoral Fellow Support Fund**

**Information & Application 2015**

McMaster University has established a Postdoctoral Fellow (PDF) Support fund to assist PDFs who are experiencing financial hardship due to substantial, one-time, unanticipated and/or emergency expenses.

The PDF Support fund is funded and maintained by the Office of Postdoctoral Affairs and Research Training (OPART), in the School of Graduate Studies.

All PDFs currently employed by McMaster University are eligible to apply.

At all times, privacy will be respected. Only members of the Assessment Committee will have access to applications.

The maximum amount granted will normally not exceed $500 per year Exceptions may be made at the discretion of the Assessment Committee.

Any funds provided from the PDF Support fund are considered bursaries, and are not required to be repaid. Please note that the bursary is subject to applicable federal and provincial taxes.

The number of bursaries is subject to the availability of funds.

**Application Procedure**

The Information and Application form is available on the OPART website: <http://graduate.mcmaster.ca/post-doctoral-affairs>

Each application must include:

* Form A - Completion of the Postdoctoral Fellow Support Fund Budget Form
* Form B - A written explanation outlining the circumstances of the expenses incurred, including why they were necessary. Where possible, itemized receipts must be provided

The following are examples of expenses which would normally be approved or denied. These lists are not exhaustive and are for illustration purposes only. Each application will be assessed on its own merits in consideration of the details provided.

Eligible Expenses

* Emergency expenses to property resulting from theft, fire, or similar unexpected events, not covered by other benefit/insurance plans
* One-time, significant, emergency expenses, including non-recurring costs incurred in child care, vision, dental or health not covered by other benefit/insurance plans
* Travel due to unexpected family reasons such as bereavement or illness

Ineligible Expenses

* Research-related expenses that should normally be supported by a supervisor or department, such as, technical or professional development training, textbooks and computers, conference registration and travel
* Settlement expenses including immigration, work permit, transportation, housing
* Monthly cash short-falls

**Submission Procedure**

* Email the application to postdoc@mcmaster.ca with the subject line **: PDF Support Fund Application**
* Only complete applications including a complete Budget Form and written explanation will be considered
* A confirmation email will be sent to acknowledge that the application has been received and will be reviewed by the committee

**Assessment Procedure**

* Applications will be reviewed by the Assessment Committee which will normally include the OPART Coordinator, the Assistant Dean of Graduate Student Life and Research Training and Associate Dean, Research and Graduate Studies of the relevant faculty.
* The outcome normally will be communicated to the PDF within ten business days of the date the application was submitted. You will be informed if your request is funded in full, in part, or not funded, or if additional information/documentation is required for the committee to make a decision.

**Administration of Funds**

* If approved, the funds will be electronically transferred into the PDF’s payroll account and itemized on the pay stub
* The funds are subject to applicable federal and provincial taxes

**Contact Information**

Correen Smith

Coordinator, OPART

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**Postdoctoral Fellow Support Fund**

**Form A - Budget Form**

|  |  |  |
| --- | --- | --- |
| Surname | Given Name(s) | Employee #  |
| Email Address | Phone Number |  |
| Department | Faculty | Supervisor |

**I have previously received funds from the Postdoctoral Fellow Support Fund**

🞏 Yes, Date Received ­­­­­­­­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

🞏 No

**My PDF appointment dates**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

**Financial Information**

Enter your estimated expenses and resources in the table below. Feel free to make any adjustments to the expense categories as necessary, including the addition of expense or income categories.

*Note: McMaster University reserves the right to request any invoices or copies of official or legal documentation in connection with this application*.

|  |
| --- |
| My annualized salary $ |
| **ESTIMATED EXPENSES (Monthly)** | **ESTIMATED INCOME (Monthly)** |
| Residence / Rent / Mortgage | Net Income (after taxes/deductions) |
| Groceries /Food | Parental/Spousal Contribution |
| Phone / Cable / Internet | Child Care Bursary |
| Utilities *(hydro, heat, etc)* | OtherPlease specify |
| Entertainment & Personal Care |  |
| Uninsured medical/dental/vision |  |
| Child care *(unsubsidized amount)* |  |
| Transportation |  |
| Credit Card/Loan Payments |  |
| OtherPlease specify |  |
| TOTAL EXPENSES | TOTAL RESOURCES |

The information gathered on this form is collected under the authority of the *McMaster University Act*, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Assistant Dean, Graduate Student Life and Research Training, Gilmour Hall 212, McMaster University.

Applicant Declaration

I declare that I have provided true and correct information on this bursary application. I understand that providing incorrect or fraudulent information, either on this application, or in support of this application, may prevent me accessing bursary assistance now or in the future and may also result in the bursary decision being rescinded and disciplinary action being taken. I understand that McMaster University reserves the right to audit and verify the information provided on this application.

Applicant Signature: Date:

**Postdoctoral Fellow Support Fund**

**Form B - Written Explanation**

Outline the circumstances of the expenses incurred, including why they were necessary. Where possible, receipts must be provided.

Please clearly indicate the total amount of funds you are requesting (normally not greater than $500).