



HTAi Jill Sanders Memorial Scholarship Application Form

This Application form is to be completed by the Applicant and Organizational Sponsor. For details on program eligibility, processes, and criteria, please consult the ***HTAi Jill Sanders Memorial Scholarship Policy and Procedure***.

Section 1: For completion by the applicant

CONTACT INFORMATION

Name and title:	
Mailing address:	
Country of permanent residence:	Country of current residence (if different):
Email address:	Telephone number:
Have you applied for HTAi Jill Sanders Memorial Scholarship before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a successful applicant before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you were a successful applicant before, please explain the reason for this application.	

PROGRAM DESCRIPTION

Are you registered and applying for scholarship support for an education program, fellowship or internship in the field of HTA? (check one) <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Educational program <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship </div>
Program title and institution:
Contact person within the organization offering the HTA educational, fellowship, or internship program:
Contact person's email address:
Program dates <div style="text-align: center; margin-top: 10px;"> Start date (mm/yyyy) _____ Date of completion (mm/yyyy) _____ </div> Dates for which support is requested (if shorter than the program dates): <div style="text-align: center; margin-top: 10px;"> From (mm/yyyy) _____ To (mm/yyyy) _____ </div>

Please provide a general overview of the program requirements and describe the program's relevance to the field of HTA (e.g., what HTA-related content is included in the program):

STATEMENT OF INTENT

Describe your reasons for applying to this HTA educational/fellowship/internship program and how you plan to use the expertise obtained to advance HTA in low- and middle-income countries. (Maximum 500 words).

PROGRAM COSTS

	Amount (indicate currency)
Tuition/program fees	
Travel cost	
Accommodation cost	
Other educational materials/equipment costs (specify):	
Other expenses (specify):	
Total Program Costs	
Total Scholarship Amount Requested	
List other sources of funding available to support your educational/fellowship/internship program (e.g., scholarship, fee waiver, remuneration, paid employment, personal savings, other):	

ADDITIONAL INFORMATION

How did you hear about this scholarship program?

Are you or your Organizational Sponsor a current HTAi member (check one)?

Yes

No

Section 2: For completion by the Organizational Sponsor

CONTACT INFORMATION

Name of organization:	
Description of organizational mandate/activities related to Health Technology Assessment:	
Name and title of Representative of the Organizational Sponsor:	
Mailing address:	
Country of residence:	
Email address:	Telephone number:
Do you directly supervise the individual applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe your relationship to the applicant:	

LETTER OF SUPPORT

The representative of the Organizational Sponsor is required to provide a letter of support on the organizational letterhead. This letter shall include the following:

- Attesting to the applicant's competencies, skills and abilities related to HTA and their overall personal merits to be considered in the scholarship review process.
- Describe the sponsoring organization's interest in requesting support for the individual applicant to participate in the HTA-focused educational, fellowship, or internship program applied for.
- Describe how your organization will support the applicant to apply the knowledge and skills gained in the scholarship program for the advancement of HTA in low- or middle-income countries. This may include, for example, the offer of a position of employment or study for the individual after completion of the program, mentorship of the applicant during or after the scholarship period, or by connecting the applicant by sharing network contacts or making formal introductions of the applicant to other health or HTA organizations where their skills and competencies can be applied to achieve the goal of increasing HTA capacity in low- or middle-income countries. HTAi will consider a range of possible arrangements of support to the applicant, depending on the sponsoring organization's nature and resources.

Section 3: Agreement of Understanding

By signing below, the **applicant** agrees (*check all boxes*):

- To complete the educational/fellowship/internship program for which scholarship support is requested.
- After the scholarship term is over, to provide a copy of a diploma, certificate, or a letter from the Organizational Sponsor to prove the completion of the educational, fellowship, or internship program.
- To attend the HTAi Annual Meeting following the completion of the scholarship period to present a short report of the research undertaken and/or the experience gained through the program. (Annual Meeting registration fee for virtual attendance will be complimentary. Funding support for in-person attendance will be available in accordance with HTAi Annual Meeting Participation Guidelines and HTAi Annual Meeting Abstract Submission Guidelines.)
- That he/she intends upon completion of the program to apply, to the best of their ability, the knowledge and skills gained to advance HTA capacity in low- and middle-income countries.
- That he/she has read and understood the *HTAi Jill Sanders Memorial Scholarship Program Policy and Procedure* and that the information provided in this application is truthful and accurate.

Date: _____
(dd/mm/yyyy)

Applicant: _____
(Sign or type full name above)

By signing below, the **Organizational Sponsor** (*check all boxes*):

- Agrees to support, to the best of their ability, the individual applicant during and after program completion to apply the knowledge gained through this scholarship program to increase HTA capacity in low- or middle-income countries including, but not limited to, by the means described in the Letter of Support.
- Agrees, where applicable, to grant adequate time away from any work or study requirements for the applicant to attend the HTAi Annual Meeting following the conclusion of the scholarship period to present his/her research produced and/or experience gained through the support of the scholarship program. (Annual meeting registration fee for virtual attendance will be complimentary. Funding support for in-person attendance will be available in accordance with HTAi Annual Meeting Participation Guidelines and HTAi Annual Meeting Abstract Submission Guidelines.)
- Confirms that the signatory has read and understood the *HTAi Jill Sanders Memorial Scholarship Program Policy and Procedure* and that the information provided in this application is truthful and accurate.

Date: _____
(dd/mm/yyyy)

Representative of Organizational Sponsor: _____
(Sign or type full name above)

Section 4: Application Submission Checklist

Please include the following supporting documents in the application package:

- Completed application form, signed by both the Organizational Sponsor and applicant.
- Letter of support from the Organizational Sponsor on organizational letterhead.
- Applicant's CV or résumé, including education, employment history, or any other relevant HTA experience.
- Written confirmation of acceptance/registration from the institution or organization offering the educational, fellowship, or internship program.
- Documentation demonstrating the program costs and other eligible expenses with original receipts.

Please email or mail your completed application package as itemized in Section 4. Our preferred method of communication is email.

HTAi Scholarship Programs – Applications

HTAi Secretariat

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