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CUASF-PROCURE Prostate Cancer Research Grant

**APPLICATION INFORMATION**

**Section 1 – CV**

**Name (in full):**

**Date of birth:**

**Membership Number:**

**Citizenship:**

**Mailing Address:**

**Telephone # work:**

**Home:**

**Fax:**

**Section 2 – Proposed Research**

**Name of Institution and Department where applicant will conduct his/her academic/research activities.**

**Academic Rank to be held by the applicant during tenure of the research.**

**Name, address, and telephone number of the Department/Division Chairperson**

**Research Experience (a brief description of work in which the applicant has participated)**

**Briefly describe the environment and the research facilities**

**Briefly describe your long-term career plans and research objectives and how this project will impact these objectives.**

**Section 3 – Authorization**

**By submitting this application, I agree to respect and follow the regulations that govern this Award, should it be successful.**

**Date: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Checklist**

* **Research Proposal not exceeding five (5) single spaced, typewritten pages in standard 12 font.**
* **Curriculum Vitae of the applicant and the supervisor (Please submit a pdf version of your Common (CIHR) CV)**

**Please email the completed application form plus supporting documents to** [**marfisa.defrancesco@cua.org**](mailto:marfisa.defrancesco@cua.org)