



CUASF Medical Student 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.**
- **Letter (s) of support from Mentor**
- **REB approval or proof of submission, if required depending on project methodology**
- **Curriculum Vitae of the applicant and the supervisor (Please submit a pdf version of your Common (CIHR) CV)**
- **Self-identification questionnaire of the applicant and the mentor**

Please email the completed application form plus supporting documents to marfisa.defrancesco@cua.org