



# CUASF Medical Student Research Grant

## APPLICATION INFORMATION

### Section 1 – CV

**Name (in full):**

**Date of birth:**

**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 [marisa.defrancesco@cua.org](mailto:marisa.defrancesco@cua.org)**