



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 2 pages (not including application form, references, figures and supporting documentation)
- Letter (s) of support from Mentor
- REB approval or proof of submission, if required depending on project methodology
- Current curriculum vitae of the applicant and the mentor
- Self-identification questionnaire of the applicant and the mentor

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