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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 share how receiving this scholarship would support your development as a medical student. You may wish to reflect on your goals, the unique perspectives, or experiences you bring to medicine, and how this award could help you contribute to a more inclusive and equitable healthcare system (250-word limit).**

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