



CIHR TRAINING PROGRAM IN REGENERATIVE MEDICINE
TPRM APPLICATION FORM –AWARDS COMPETITION
 585 University Avenue, 11C-1239, Toronto, ON M5G 2N2
 Phone (416) 340-4800 X6315 Fax (416) 340-3378
 Email anna.kushnir@uhn.on.ca

SUMMER APPLICATION FORM

Deadline date: September 21st, 2009

PERSONAL DATA

SECTION I: PERSONAL DATA

Name: Surname, First Name, Initials			
Birthdate: Year Month Day		Gender: (check) Male Female	
Email address:			
Status in Canada (circle) Canadian Student Visa Permanent Resident Working Visa			
Complete mailing address:		Work Telephone:	
		Residence Telephone:	
		Fax number:	

By his/her signature below, each applicant asserts that this application adheres to all research policies and procedures in place at his/her sponsoring institution, including those regarding integrity in research and scholarship. TPRM wishes to alert applicants to the consequences of misrepresentation in this application, including misrepresentations of authorship, credentials or research support. In the event of material deviations of the information in this application from reference sources (in the case of authorship), TPRM reserves the right to disqualify the applicant from the competition in question. Further TPRM actions may include disqualifying the applicant from future TPRM competitions for a time period to be set at TPRM's sole discretion, withdrawal of any remaining installments of support for any existing TPRM grant or award for which misrepresentation appears in the submission, and seeking partial or full repayment of any past financial support under any TPRM grant or award for which misrepresentation appears in the submission.

Further information on guidelines are found in the STIHR Training Grant Guide at <http://www.cihr-irsc.gc.ca/e/17948.html>

SECTION II: SIGNATURES (The undersigned agree to, and accept, the general conditions governing any award made pursuant to the sponsorship of this application, as set out in the STIHR Training Grant Guide, available from the TPRM or the Internet at <http://www.cihr-irsc.gc.ca/e/17948.html>).

Signature of:	Printed Name	Date
Candidate:		
Supervisor:		



CIHR TRAINING PROGRAM IN REGENERATIVE MEDICINE
TPRM APPLICATION FORM –AWARDS COMPETITION
 585 University Avenue, 11C-1239, Toronto, ON M5G 2N2
 Phone (416) 340-4800 X6315 Fax (416) 340-3378
 Email anna.kushnir@uhn.on.ca

PART 1: TO BE COMPLETED BY CANDIDATE

A. CANDIDATE's NAME

Surname, First Name & Initial

B. LOCATION OF PROPOSED RESEARCH

Proposed Supervisor (Surname, First Name & Initial)	Period of Support (YY/MM/DD to YY/MM/DD)
Complete Mailing Address(Include Research Group/Dept/Faculty)	Contact Information
	Telephone:
	Fax:
	Email:

C. CURRENT UNIVERSITY/HIGH SCHOOL PROGRAM (ACADEMIC TRANSCRIPT MUST BE ATTACHED)

Program (Degree/Specialization)	Expected Program Completion Date	Institution/City/Province

D. UNIVERSITY ACADEMIC ACHIEVEMENTS (Prizes, honours, awards) Please indicate if there are none (attach additional pages if required)

Prize/Honour/Award	Year Won/Held	Awarded by:



CIHR TRAINING PROGRAM IN REGENERATIVE MEDICINE
TPRM APPLICATION FORM –AWARDS COMPETITION
585 University Avenue, 11C-1239, Toronto, ON M5G 2N2
Phone (416) 340-4800 X6315 Fax (416) 340-3378
Email anna.kushnir@uhn.on.ca

PART 2: TO BE COMPLETED BY STUDENT/SUPERVISOR

A. RESEARCH PROJECT

In two pages, provide a title and summary of the research project in which the candidate will be involved. Be sure to describe the role of the trainee in the proposed research project with respect to the skills they will gain and the expected outcomes.

PROJECT TITLE (SHORT):



**CIHR TRAINING PROGRAM IN REGENERATIVE MEDICINE
TPRM APPLICATION FORM –AWARDS COMPETITION**

585 University Avenue, 11C-1239, Toronto, ON M5G 2N2

Phone (416) 340-4800 X6315 Fax (416) 340-3378

Email anna.kushnir@uhn.on.ca

Student Signature:

Supervisor Signature: