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| 1. Applicant’s Information |
| **Applicant’s****Name:**  | First | Last | **Application Date:** |
| **Applicant’s****Mailing Address:** | Street Address | Apartment/Unit # |
| City | Province/ State | Postal Code/ Zip Code |
| **Phone:** |  | **E-mail Address:** |  |
| **Country of Residence:** |  |
| **Current Citizenship:** |  | **If not a Canadian citizen, are you a permanent resident of Canada?** | **YES** [ ]  **NO** [ ]  |
| Supervisor(s) name(s), department and institution at which applicant has arranged to carry out research trainingSupervisor: Co-Supervisor (if applicable):  |
| Title of research project: |
| 2. Graduate Program during the upcoming fellowship year (if applicable) |
| **Degree** | **Name of Discipline** | **Department, Institution, and Country****Name of the supervisor** | Start date(mm/yyyy) | End date(mm/yyyy) |
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| 3. Academic Background (include only current and past degree programs) |
| **Degree** | **Name of Discipline** | **Department, Institution, and Country****Name of the supervisor** | Start date(mm/yyyy) | End date(mm/yyyy) |
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| 4. Sources of salary support expected during the upcoming fellowship year (check all applicable) |
| [ ]  Salary from your institution (e.g. researchship, graduate studentship, fellowship salary support)[ ]  Salary award (any internal or external funding: e.g. university or hospital-sponsored award, Industry-sponsored award, peer-reviewed award from HSF or CIHR, etc.)[ ]  Clinical scholar (clinical billing as a physician)[ ]  None (no salary support has been confirmed) |
| 5. Scholarships and other awards currently held and expected for the upcoming fellowship year |
| **Name of Award** | Funder | Value(CDN$) | Type(Academic,Research) | Location of Tenure | Period Held(mm/yyyy-mm/yyyy) |
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| 6. Sources of potential salary support during upcoming fellowship year  |
| I have applied for other sources of salary support (results are pending) or will be applying for additional support:[ ]  No [ ]  Yes |
| 7. Scholarships and other awards that you have applied for (results are pending) or plan to apply for to provide salary in the upcoming fellowship year |
| **Name of Award** | Funder | Value (CDN$) | Date results expected(dd/mm/yyyy) |
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| 8. Signature and Disclaimer |
| Applicant – By signing below the applicant agrees to abide by all conditions and responsibilities outlined in the Thrombosis Canada - CanVECTOR Application Instructions, if granted. The applicant’s signature also confirms that to the best of their knowledge, the information provided within this application is honest and accurate.  |
| Signature of Applicant: | Date:  |