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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 | | | | | | Postal 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 training  Supervisor:  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 – BMS-Pfizer 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: | | | | |