

Graduate or Post Graduate Interdisciplinary Health Research Awards – Application Check List

To be considered, please submit this application checklist and all supporting documentation by October 17, 2014 to the Rx&D Health Research Foundation at asargent@canadapharma.org.

Your application must include the following information (provided in PDF) in order to be assessed.

“X”	Application Requirements
	Application Form
	CV of the applicant
	Abbreviated CV of the Research Supervisor
	Letter of support from the Dean
	Most recent transcripts

As confirmed by the signature below, you agree that you meet the eligibility criteria for the grant, all information presented in the application is accurate and you are a Canadian citizen or permanent resident.

As confirmed by the signature below, if successful in obtaining the grant, you agree to the following conditions:

- To submit a testimonial regarding the importance of the funding received which may be displayed on the HRF website
- To provide a statement of progress after the funded year of study
- To assist the Foundation in publicizing the award to the mutual benefit of the faculty and the HRF.

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Applicant

Name:

Faculty:

E-mail:

Address:

Phone:

Signature:

Date:

Research Supervisor

Name:

Faculty:

E-mail:

Address:

Phone:

Signature:

Date:

Dean of Medicine or Pharmacy

Name:

Faculty:

Title:

Email:

Signature:

Date: