

**UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE**

**GRADUATE STUDENT ENDOWMENT FUND AWARD (GSEF)  
2017-18 APPLICATION FORM**

|                                   |                           |
|-----------------------------------|---------------------------|
| <b>NAME OF AWARD APPLIED FOR:</b> | Jennifer Dorrington Award |
|-----------------------------------|---------------------------|

**A. APPLICANT INFORMATION**

|                               |                       |                     |
|-------------------------------|-----------------------|---------------------|
| <b>First Name:</b>            | <b>Last Name:</b>     | <b>Initials:</b>    |
| <b>U of T Student Number:</b> | <b>Email Address:</b> | <b>Telephone:</b>   |
| <b>Home Address:</b>          |                       | <b>Unit/Apt.:</b>   |
| <b>City:</b>                  | <b>Province:</b>      | <b>Postal Code:</b> |

**B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)**

|  |                       |                   |
|--|-----------------------|-------------------|
| <b>U OF T Graduate Department:</b>   |                       |                   |
| <b>Graduate Coordinator Name:</b>  | <b>Email Address:</b> | <b>Telephone:</b> |
| <b>Degree Program:</b><br><input type="checkbox"/> Masters <input type="checkbox"/> PhD <b>Year of Study:</b> _____  |                       |                   |
| <b>Location of Research (University Bldg, Hospital Research Institute name, or off campus location)</b>  |                       |                   |
| <b>Are you enrolled in a clinician-scientist trainee program?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, indicate your U of T Clinical Department:</b> _____ |                       |                   |

**C. APPLICATION ATTACHMENTS**

|   |                              |
|---|------------------------------|
| <b>Research and Experience</b><br>Attach a CV (maximum 2 pages) detailing: research project and interests (100 – 250 words); publications; presentations; awards and research experience. | <input type="checkbox"/> YES |
| <b>Letter of Recommendation</b><br>Attach letter of recommendation of support from supervisor   | <input type="checkbox"/> YES |

**D. DECLARATION**

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.

\_\_\_\_\_  
**Student Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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