

**UNIVERSITY OF TORONTO
 FACULTY OF MEDICINE
 GRADUATE STUDENT ENDOWMENT FUND AWARD (GSEF)**

2015-16 APPLICATION FORM

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|-----------------------------------|---------------------------|
| NAME OF AWARD APPLIED FOR: | Jennifer Dorrington Award |
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A. APPLICANT INFORMATION

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

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

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

C. APPLICATION ATTACHMENTS

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