Complete in full your electronic and paper copy of your application package. Do not modify/remove sections – if not applicable to you please indicate “n/a”

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fellowship Applicant** | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Current employment status (specific program/position) |  | | | | | | | | | | | |
| Clinical Appointment | Title | | | | | | Institution | | | | | |
| Academic Appointment  *(if applicable – refer to guidelines)* | Title | | | | | | Institution | | | | | |
| Contact Information | Telephone | | | Email | | | | | | | | |
| Address | Street Address and Suite/Unit | | | | | | | | | | | |
| City/Town | | | | | | Province  ON | | Postal Code | | | |
| **Have you applied for salary support from another source?** | | | | | | | | | | | | |
| **Yes\_\_ No\_\_\_**  If so, where \_\_\_\_\_\_\_\_\_\_\_ and for what amount $\_\_\_\_\_\_\_\_\_\_\_\_  Were you successful? Yes\_\_\_ No\_\_\_\_ | | | | | | | | | | | | |
| **Funding Requested** *(maximum $150,000 per year for two years or $100,000 per year for three years)* | | | | | | | | | | | | |
| Year One: $\_\_\_\_\_\_\_\_\_\_\_\_ Year Two: $\_\_\_\_\_\_\_\_\_\_\_\_ Year Three: $\_\_\_\_\_\_\_\_\_\_\_\_  Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  Fellowship Support Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Sponsoring Institution** | | | | | | | | | | | | |
| Institution Name |  | | | | | | | | | | | |
| Charitable Registration Number |  | | | | | | | | | | | |
| Grant Administrator at Sponsoring Institution | Name | | | | | | Title | | | | | |
| Contact Information of Grant Administrator | Telephone | | | | Email | | | | | | | |
| Address | Street Address and Suite/Unit | | | | | | | | | | | |
| City/Town | | | | | Province  ON | | | | Postal Code | | |
| **Nominator (Dean or his/her representative)** | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Position | Title | | | | | | Institution | | | | | |
| Contact Information | Telephone | | Email | | | | | | | | | |
| Address | Street Address and Suite/Unit | | | | | | | | | | | |
| City / Town | | | | | | | Province  ON | | | | Postal Code |
| Supervisor: (see Guidelines to determine if a supervisor is required) | | | | | | | | | | | | |
| **Full Name** | | **Title and Institution**  **(i.e. clinical/academic appointment)** | | | | | | | | | **Project Role/Supervising Responsibilities** | |
|  | |  | | | | | | | | |  | |

# Application Contents

### Application Instructions:

Your application must include each of the following sections and using the titles, order and numbering as below. Page numbering is required. The content must be 12 pt. font. Please read the Funding Guidelines before completing the application to ensure your application is eligible for consideration.

1. **Proposed Research Plan (see Guidelines).**
2. **Current status detailing research in progress (including funding agencies).**
3. **Current status of teaching (including graduate student supervision).**
4. **Provide copies/citations of published papers in applicable areas of research.**
5. **Letter of support from the Sponsoring Institution (see Guidelines).**
6. **Letter of support from Mentor (see Guidelines).**
7. **Letters of reference (from supervisors or associates familiar with the candidate's work).**

|  |  |  |
| --- | --- | --- |
| References | Contact Information **(all fields required)** | |
| Name, Title, Academic Appointment | Street Address/City/Province or State / Country / Postal Code | |
| Email Address | Telephone |
| Name, Title, Academic Appointment | Street Address/City/Province or State / Country / Postal Code | |
| Email Address | Telephone |
| Name, Title, Academic Appointment | Street Address/City/Province or State / Country / Postal Code | |
| Email Address | Telephone |

1. **Current curriculum vitae.**
2. **An explanation of the choice of location, including infrastructure and available resources.**
3. **A description of other funding in place.**
4. **A description of in-kind support, both prospective and secured.**
5. **a) Support requested from PSI, if applicable.**

Please note that a maximum of 25% of the total award may be used to support a research project. The protocol for this study must be included in the Proposed Research Plan.

Please note: you must have a minimum of $30,000 in place to contribute to the amount being requested below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Rationale** | **Year 1**  **$** | **Year 2**  **$** | **Year 3 $** | **Total**  **$** |
| **Salary support for fellow:** |  |  |  |  |
| **Only complete the following for the proportion of the fellowship intended to support the project, if applicable** |  |  |  |  |
| **Personnel (describe type/role of personnel and indicate amount of time per week or month)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Personnel** |  |  |  |  |
|  |  |  |  |  |
| **Equipment (describe type and quantities and how it will be used for study)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Equipment** |  |  |  |  |
|  |  |  |  |  |
| **Materials & Supplies (describe type and quantities required and how will be used for study)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Materials & Supplies** |  |  |  |  |
|  |  |  |  |  |
| **Knowledge Translation Activities (publications/ conference presentations) (maximum $1500 per grant)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Knowledge Translation Activities** |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses (full detailed description, quantities and amounts must be provided below)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Other Expenses** |  |  |  |  |
|  |  |  |  |  |
| **TOTAL PROJECT BUDGET REQUESTED** |  |  |  |  |

1. **b)** **Additional Project Budget Rationale** (If any of the above items require additional explanation to justify funding, please provide in this section).
2. **Appendices (30 pages maximum)**

**Please note**: do not submit an application directly to PSI. Applications should be submitted to your academic institution, which will forward 2 (TWO) candidates per medical university to the Foundation for consideration. Your academic institution will have an internal due date - please contact your research office for this information.

**Application Deadline:** PSI must receive all applications from your institution by Monday, October 28, 2019.

# Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

**Name of applicant Signature of Applicant Date Signed**

**Name of Supervisor Signature of Supervisor Date Signed**

**(if applicable) (if applicable)**

**Name of Nominator Signature of Nominator Date Signed**

**Name of Authorized Officer Signature of Authorized Officer Date Signed**

**of Sponsoring Institution of Sponsoring Institution**

**(required) (required)**