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”

|  |
| --- |
| **Applicant** |
| Full Name |  |
| Current employment status (specific program/position)  |  |
| Clinical Appointment  | Title | Institution |
| Academic Appointment *(if applicable)* | Title | Institution |
| Contact Information | Telephone | Email |
| Address | Street Address and Suite/Unit |
| City/Town | ProvinceON | 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\_\_\_\_ |
| **Training Program** |
| Program Currently Enrolled In: MSc \_\_\_\_\_ PhD \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Funding Requested** *(maximum $25,000 per year for a maximum of 2 years.)* |
| **Amount Requested from PSI**Year One: $\_\_\_\_\_\_\_\_\_\_\_\_ Year Two: $\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_ Support Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sponsoring Institution Co-Funding**Year One: $\_\_\_\_\_\_\_\_\_\_\_\_ Year Two: $\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  |
| **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 | ProvinceON | 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 | ProvinceON | Postal Code |
| **Mentor** |
| Full Name |  |  |  |
| Position  | Title | Institution |  |
| Contact Information | Telephone  | Email |  |
| Address | Street Address and Suite/Unit |  |  |
|  | City / Town | ProvinceON | Postal Code |

**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 Training Plan**
2. **Proposed Research Plan**
3. **Timeline (including milestones)**
4. **Budget and Justification**
5. **Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Rationale** | **Year 1****$** | **Year 2****$** | **Total****$** |
| **Stipend:** |  |  |  |
| **Fringe Benefits:** |  |  |  |
| **Mentor’s Directed Funding:** |  |  |  |

1. **Budget Justification**
2. **Mentor’s Role**
3. **Mentor’s Letter of support**
4. **Letter of support from the Sponsoring Institution (see Guidelines)**
5. **Current curriculum vitae of the candidate and mentor**
6. **Letter to demonstrate Financial Need (if applicable)**
7. **Appendices**

**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 Friday, August 21, 2020

# 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 Mentor Signature of Supervisor Date Signed**

**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)**