

SCHOLARSHIP APPLICATION FORM

Trainee Level and Research Type			
Please state your trainee level (Masters, PhD or Post-Doctoral Fellow):		Please state your research type (wet bench or dry bench):	
Personal Information			
First name:		Last name:	
Street address:		Cell Phone no: ()	
Apt #:	City:	Province:	Postal Code:
Email Address:			
Academic Information			
Please indicate name of Graduate School (if applicable):		Lab Location:	
Name of Hospital Supervisor:			
Start Date:	End Date:	Lab Extension:	
Research Project			
Project Title:			
Have you received an RTC scholarship before?			
Trainee Participation			
How many RTC Seminar presentations have you attended between September 2019 – December 2019?			
Have you presented at an RTC seminar in 2019 (Jan-Dec)?			
Have you presented and/or attended the 2019 RTC Trainee Research Day?			

Signature _____

Date: _____