Faculty of Medicine

**Elizabeth C. Watters & Laurel L. Watters Research Fellowships**

Please indicate your program start date *(If you have transferred from a Master’s to a PhD program without receiving a Master’s degree, please indicate the start date of your Master’s program).*

|  |  |
| --- | --- |
| Student Name (Last, First) | Start Date (MM/YYYY) |
|  |  |
| Indicate Degree (MSc / PhD / Medical Residency) and Graduate / Residency Program |

Please indicate which awards you are applying for with an “X”:

|  |  |
| --- | --- |
| Elizabeth C. Watters Research Fellowship (lymphatic cancer) |  |
| Laurel L. Watters Research Fellowship (breast cancer) |  |
| Both |  |

Please list all undergraduate, graduate, and postgraduate awards or scholarships received or currently holding.

|  |  |  |  |
| --- | --- | --- | --- |
| Award Name | Total Amount | Location Award was Held | Dates Held (MM/YYYY–MM/YYYY) |
|  |  |  |  |

Please list your research or research-related experiences, starting with the most recent experience.

One page maximum.

|  |  |
| --- | --- |
| Research Experience | Dates (MM/YYYY – MM/YYYY) |
|  |  |

Please list your journal publications, posters and/or conference presentations below.

One page maximum. Refer to the FAQs for formatting guidelines.

|  |
| --- |
|  |

Please provide a lay summary of your proposed or current research project.

350 words maximum. This summary should be written for a general audience. See FAQs for guidance.

|  |
| --- |
|  |

Please provide a one-page summary of your research project.

700- 750 word. See FAQs for more information.

|  |
| --- |
|  |

*The undersigned agree that the general conditions governing all funding of these awards as set out in the enclosed guidelines apply to any award made pursuant to this application, and are hereby accepted by the applicant and the department in which the student is receiving the training.*

|  |  |
| --- | --- |
| Student/Resident Signature | Supervisor/Program Director Signature |
|  |  |
| Student/Resident Name (printed) | Supervisor/Program Director Name (printed) |
|  |  |
| Date | Date |
|  |  |