THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine

Roman M. Babicki Fellowship in Medical Research
Elizabeth C. Watters & Laurel L. Watters Research Fellowships
Application Form 2023

Student Number	
Degree and Graduate Program (eg . MSc, Experimental Medicine)	
Please indicate your program start date (Month, Year) *	

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.

Please check boxes for the awards you are applying (select all applicable boxes):
☐ Roman M. Babicki Fellowship (Cancer research)
☐ Elizabeth C. Watters Research Fellowship (Lymphatic cancer)
☐ Laurel L. Watters Research Fellowship (Breast cancer)

List your undergraduate and graduate awards or scholarships received or currently holding, starting with your most recent award. You may include declined awards. One page maximum.

Award Name	Total Amount	Location Award was Held	Period held (MM/YYYY–MM/YYYY)

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

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

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List your publications and other contributions, starting with the most recent. One page maximum. Refer to the FAQs for guidance. *Note that as the review process will be blind, you should not use gender specific pronouns or similar identifying characteristics, including your name (list instead "The Trainee" as needed).*

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Please provide a brief lay summary of your proposed or current research project. This summary should be written for a general audience. 350 words maximum. Refer to the FAQs for guidance. *Note that as the review process will be blind, you should not use gender specific pronouns or similar identifying characteristics, including your name (list instead "The Trainee" as needed).*

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Please provide a 700-750 words scientific summary of your research project. Refer to the FAQs for guidance.
Note that as the review process will be blind, you should not use gender specific pronouns or similar identifying characteristics, including your name (list instead "The Trainee" as needed).

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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.

Note that as a part of the blind review process, this final page will be redacted from your adjudication package and is for administrative purposes only.

Student Signature	Supervisor Signature
Student Name (printed)	**Supervisor Name (printed)**
Date	Date