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 Number	Start Date (MM/YYYY)
Indicate Degree (MSc / PhD / Medical Residency) and Graduate / Residency Program (e.g. MSc, Experimental Medicine)	

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 starting with the most recent:

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

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APPLICATION FORM 2020

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

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

List your journal publications, posters and/or conference presentations below, starting with the most recent. 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). 1-page maximum. Refer to the FAQs for format guidelines.

Please provide a lay summary of your proposed or current research project. Note that as the review process will be blind, **you should not use your name, gender specific pronouns, or similar identifying characteristics.**
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. Note that as the review process will be blind, **you should not use your name, gender specific pronouns, or similar identifying characteristics.**
700- 750 word. See FAQs for more information.

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