**Unfunded Fellowship Personal Statement**

*To be filled out by applicant*

*Date:* Click or tap to enter a date.

Cheryl Jaigobin, M.D. MSc

Director, Fellowship Programs

Department of Medicine

Faculty of Medicine, University of Toronto

This letter will confirm that my training for the period Click or tap to enter a date. to Click or tap to enter a date. as a Clinical Fellow at the University of Toronto will be funded as indicated below. I will be responsible for all financial costs and expenses incurred while training as a Clinical Fellow for the duration of period.

I understand that I will require a minimum of CAD$Click or tap here to enter text. per annum to achieve a reasonable standard of living in Toronto and confirm that I have this amount for the year of my fellowship.

I am currently able to provide these funds through

[ ]  Spouse has a fully funded fellowship position

[ ]  Billing outside of the fellowship with an independent practice license valid in Ontario

This fellowship will be

[ ]  Done full time

[ ]  Done part-time (less than 5 days per week).

Please describe your interest in this fellowship and provide details about your career goals and how this raining will help you achieve: Click or tap here to enter text.

Yours truly,

Click or tap here to enter text.