



APPLICATION COVER FORM
To be submitted by supervisor

Applicant (Trainee) Information

Name:

Email address:

University of Toronto Temerty Faculty of Medicine Department:

Please include a current CV with the application.

Supervisor Information

Name:

Email address:

University of Toronto Temerty Faculty of Medicine Department:

University of Toronto Temerty Faculty of Medicine Department Business Officer:

Hospital Affiliation:

**If Hospital Affiliation is UHN, please specify site:*

Please briefly describe the trainee's role in the project (1-2 sentences):

Please include a current CV with the application

Trainee's education status at time of award: Resident PGY___ or Clinical Fellow

Project information

Project title:

Please submit a proposal no more than 2 full pages, single-spaced, 12 pt font. Up to two diagrams accepted (as part of the 2 page maximum proposal).

Proposal must include:

1. Hypothesis
2. Objective(s)
3. Rationale
4. Methods
5. Statement of Impact

Prior work is not required.

Submit all materials (application cover form, proposal, applicant CV and supervisor CV) to oncology.trainee.awards@utoronto.ca by October 6, 2023, 11:59pm.

All applicants and their supervisors will be notified of the outcome of their application by the Fellowship Review Committee in February 2024.