



Strategic Medical Education Scholarship (MEdS) Grant Competition Application Cover Page

Principal Investigator Name(s) (maximum of two Co-PIs):

Division:

Email:

Co-Investigator(s):

If a trainee is a Co-PI or co-investigator, please list their name and position (resident, research fellow, etc.):

Is this project fulfilling a training requirement? YES NO

Title of Proposal:

Indicate if proposal involves human experimentation: YES NO

Amount Requested:

Additional Funds Applied for Related to this Project:

Agency:

Date of Submission:

Amount:

Describe relationship/overlap with this submission:

Application for Joint Funds (Please provide name of funding program):

The undersigned agrees that the general conditions governing the award of the research grant, as set out in the Department of Medicine Strategic Medical Education Scholarship (MEdS) Grant Competition Guidelines apply to any grant submitted, and are accepted by the applicant.

Signature of Applicant/Principal Investigator

Date

Signature of Division Head (or equivalent)

Date