

Brain Tumour Research Fellowship
2022 - 2024 Application

Glioblastoma Feature

Section 1: Applicant Information

First Name: _____ Last Name: _____

Present Position:

Title: _____

Department: _____

Institution: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

E-Mail Address: _____

Phone: _____

Status as of July 1, 2022 (check and complete one only)

- MDs: A) Resident, PGY _____
- MDs: B) Residency Completion (actual or expected date): _____
- PhDs: Date PhD conferred _____

Institution where research will be conducted: _____

Please attach the following:

- **A mini Curriculum Vitae for the Applicant** for the last five (5) years only. Maximum – two (2) pages.
- **A concise, but complete, statement of the research and other professional activities pursued together with your current studies.** This statement should not exceed 250 words.
- **A statement about your career goals. Indicate how the Brain Tumour Research Fellowship can impact your future scientific career plans.** This statement should not exceed 250 words.

Section 2 – Supervisor Information

First Name: _____ Last Name: _____ Designations: _____

Present Position: _____

Department: _____

Institution: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone: _____

Please attach a mini-CV for the last five (5) years only. **Maximum – two (2) pages.** The Biosketch needs to include Education, Honours, Professional Experience, Professional Activities and Publications. Please **do not** list any Publications, Presentations, et al prior to **2016**.

Please briefly describe the funding you have obtained to support this project. Indicate source of funds and year(s).

The PROPOSED SUPERVISOR is required to submit a letter stating acceptance of the applicant.

Section 3 – Reference Information

Three **additional letters** of reference are required (**outside of Supervisor**). All three individuals should be personally acquainted with the applicant and the applicant’s professional work.

List the names, institution and contact information (including mailing address, phone number(s) and email address of these three individuals:

	Name	Institution	Contact information
1			
2			
3			

Note: Please emphasize to your references the importance of submitting their letters in a timely manner as only those received by the due date will be accepted as a complete application. The deadline for receipt of all letters of reference is the same as the Fellowship Application: **February 11th, 4:30pm EST, in office**. The letters **must be emailed sruypers@braintumour.ca or mailed directly** to the Research Committee at Brain Tumour Foundation of Canada or **included with your application in separate sealed and signed envelopes**.

Please share with our review committee any collaboration that will occur within this project:

Please share with our committee how equity, diversity and inclusion will be included within this project:

Section 4 – Research Project Information

Title of Proposed Research: _____

Please provide a brief summary of your research that can be used for publications of Brain Tumour Foundation of Canada. Do not exceed 200 words.

Please indicate the type of research you will be conducting. Please refer to pages 1-2 of the “2022-2024 Outline & Guidelines” for definitions

- Basic Research Fellowship
- Clinical Research Fellowship
- Translational Research Fellowship

Please mark with a check beside all topic areas that relate to your proposed research. *This information is to help us facilitate the review process.*

- | | |
|--|---|
| <input type="checkbox"/> Angiogenesis | <input type="checkbox"/> Gene Therapy & Viral-Based Therapies |
| <input type="checkbox"/> Apoptosis/Cell Death | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Cell Cycle | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> Cell Signaling | <input type="checkbox"/> Immunology/Immunotherapy |
| <input type="checkbox"/> Cellular Differentiation & Transformation | <input type="checkbox"/> Invasion/Motility |
| <input type="checkbox"/> Chemotherapy & Experimental Therapeutics | <input type="checkbox"/> Proteomics |
| <input type="checkbox"/> DNA Damage Repair | <input type="checkbox"/> Quality of Life |
| <input type="checkbox"/> Drug Delivery | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Epigenetics | <input type="checkbox"/> Stem Cells |
| <input type="checkbox"/> Gene Expression/Transcription | <input type="checkbox"/> Other _____ |

Use of Human Subjects: Yes No

Use of Research Animals: Yes No

If yes anywhere above, please specify: _____

*Please note: Successful recipients **MUST** provide ethics or evidence of application within 60 days of receiving notification of the award in order to receive funds. If documentation of proof of submission for approval, or the actual approval is presently available, please include with your application (if applicable). Successful applicants disbursement of funds will not occur until evidence of approval from appropriate Institutional Review Board(s) is received within the timeline previously stated.*

Please provide an outline of the proposed research project and fellowship on not more than three (3) attached pages using 12 point font. IMPORTANT: As much as possible, the outline of the research should be written in lay terms. The members of the Research Committee of Brain Tumour Foundation of Canada, who will review the grant applications, are from many different backgrounds: medicine, industry, business, philanthropy, psychology etc. If you feel it is necessary to use complex terminology, please ensure to explain terms as clearly as possible. When required our Research Committee does seek the help of outside reviewers.

The outline should include:

- a. Purpose of the research
- b. Background information
- c. Formulation of the objective of hypothesis
- d. Research design
- e. Expectations
- f. Possible pitfalls
- g. Expected objectives and accomplishments for the student in both term one and term two of the project
- h. References if appropriate

Section 5 – Financial Information

All funds are paid to the order of the institution and mailed to the institution’s business/finance office directly. In the event that you are awarded funds for your project, the following information is needed to help us process the award in a timely manner.

Name:

Title:

Mailing Address:

Phone Number & Email Address:

Have you applied, or do you intend to apply, elsewhere for salary support? If yes*, please explain:

**Competitive fellowships for salary support cannot exceed your regular salary. Please refer to the 2022-2024 Outline & Guidelines of the Brain Tumour Research Fellowship- Glioblastoma Feature for more information.*

Budget Breakdown: Please complete the following: *(outline how funds allocated outside of salary will be utilized)*

Provide a general description of the budget needs of this project: (not to include overhead costs)

Provide a detailed description of the budget needs of this project in the table below:

Item	Details	Amount Required

Section 6 – Signature and Submission Confirmation

All applications must include the following:

- Completed application form
- Mini Curriculum Vitae for the Applicant
- Statement of research and other professional activities (250 words)
- Statement of career goals (250 words)
- Mini Curriculum Vitae for the Supervisor for the last five (5) years only. Maximum – two (2) pages.
- Letter from supervisor confirming acceptance (different from reference letters)
- Research Project Summary in Lay Terms
- Research Project Full Description
- Proof of submission for ethics approval, or approval, where applicable- DUE within 60 days of successful status
- Three (3) academic letters of reference (outside of supervisor) from professors or research colleagues. Select professionals who can refer to your academic strengths, characteristics, research interest, promise and motivation. *(Please refer to page 3 for instructions)*

Applications that are incomplete or do not conform to the guidelines will not be reviewed. This includes signatures of the Student and the Supervisor as it affirms that all statements made in the application are true.

Name of Principal Applicant (Print or type)

Signature of Principal Applicant

Date

Name of Supervisor (Print or type)

Signature of Principal Applicant

Date

Institution: _____

Address: _____