

Brain Tumour Research Fellowship 2024 - 2025 Application

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, 2023 (che	ck and complete one only)		
☐ MDs: A) Resident, PGY			
☐ MDs: B) Residency Complet	tion (actual or expected date):	
☐ PhDs: Date PhD conferred_			
Institution where research w	ill 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:			
			Postal Code:
Email Address:			
Phone:			
	onours, Professional	Experience, Pr	ximum – two (2) pages . The Biosketch needs rofessional Activities and Publications. Please 118 .
Please briefly describe t and year(s).	the funding you have	obtained to s	upport this project. Indicate source of funds

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. Direct colleagues can not submit letters.

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 <u>only those received by the due date will be accepted</u> as a complete application. The deadline for receipt of all letters of reference is the same as the Fellowship Application: February 10th, 2024, 4:30pm EST, in office. The letters must be emailed to <u>sruypers@braintumour.ca</u> or mailed directly to the Research Committee at Brain Tumour Foundation of Canada or included with your application in <u>separate sealed and signed envelopes</u>.

Please share with our review committee any collaboration that will occur 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.			
Ple	ease indicate the type of research you will be conducting. Please refer to pages 1-2 of the "2024-2025"		
Outline & Guidelines" for definitions			
	☐ Basic Research Fellowship		
	☐ Clinical Research Fellowship		
	☐ Translational Research Fellowship		
	☐ Population Study		
	Use of Human Subjects: Yes No		
	Use of Research Animals: Yes No		
	If yes anywhere above, please specify:		
	Please note: Successful recipients <u>MUST</u> 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

directly. In the event that you are a	awarded funds for your project, the following	information is needed
to help us process the award in a ti	imely manner.	
Name:		
Title:		
Mailing Address:		
Phone Number & Email Address:		
Have you applied, or do you inten	d to apply, elsewhere for salary support? If y	yes*, please explain:
*Competitive fellowships for salary	support cannot exceed your regular salary. F	Please refer to the 2024-
2025 Outline & Guidelines of the Br	rain Tumour Research Fellowship, for more inf	formation.
Budget Breakdown : Please comple be utilized.) Overhead costs canno	ete the following: <i>(outline how funds allocated</i> t be submitted	d outside of salary will
Item	Details	Amount Required

All funds are paid to the order of the institution and mailed to the institution's business/finance office

All applications must include the following:

Section 6 – Signature and Submission Confirmation

	Completed application form			
	☐ Mini Curriculum Vitae for the Applicant			
	Statement of research and other professional activities (250 words)			
	Statement of career goals (250 words)			
	pages.	isor for the last five (5) years only. Maxim		
	Research Project Summary in Lay Ter		-,	
	Research Project Full Description			
	Proof of submission for ethics approv	al, or approval, where applicable- DUE v	vithin 60 days of	
	successful status, if not available now	ı		
		ce (outside of supervisor) from professors		
	•	oplied project). Select professionals who c	•	
	academic strengths, characteristics, re	esearch interest, promise and motivation.		
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-	-	ot conform to the guidelines <u>will not be</u>		
"		<u>ınd the Supervisor</u> as it affirms that all st application are true.	utements	
Name o	of Principal Applicant (Print or type)	Signature of Principal Applicant	Date	
Name o	of Supervisor (Print or type)	Signature of Principal Applicant	Date	
Institut	tion:			
Addres	ss:			