

Brain Tumour Research Fellowship 2025 - 2026 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, 2024 (ch	eck and complete one only)		
□ MDs: A) Resident, PGY			
☐ MDs: B) Residency Compl	etion (actual or expected date):	
☐ PhDs: Date PhD conferred			
Institution where research v	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

Name:	Designations:
	Postal Code:
	Maximum – two (2) pages. The Biosketch needs , Professional Activities and Publications. Please 2019.
ou have obtained t	o support this project. Indicate source of funds
	Province:ive (5) years only. Nessional Experience

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 cannot 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 14**th, **2025, 4:30pm EST**, in <u>office</u>. The letters must be emailed to <u>sruypers@braintumour.ca</u> or copy sent mailed directly to the Research Committee at Brain Tumour Foundation of Canada with your application in <u>separate sealed and signed envelopes</u>.

Please sha	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.
Please indicate the type of research you will be conducting. Please refer to pages 1-2 of the "2025-2026"
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 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

irectly. In the event that you are 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:	
	r support cannot exceed your regular salary. Fr rain Tumour Research Fellowship, for more inf		
Budget Breakdown: Please comple	ete the following: (outline how funds allocated	doutside of salary will	
be utilized.) Overhead costs canno	t be submitted		
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

☐ 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, if not available now
☐ Three (3) academic letters of reference (outside of supervisor) from professors or research
colleagues who are not affiliated to applied project). Select professionals who can refer to your
academic strengths, characteristics, research interest, promise and motivation.
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: