

# 2025 Brain Tumour Research Grant Application

## Section 1: Principal Investigator Information

### 1. Principal Investigator:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Designations: \_\_\_\_\_

### 2. Present Position:

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### 3. Institution(s) where research will be conducted (complete only if different from above):

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 4. Outline your role as applicant for this project: \_\_\_\_\_

---



---



---

5. **List all collaborators and their contributions to the project, including Junior Investigators and Patient Partners. Domestic and/or international collaboration encouraged.** Industry employees cannot be collaborators or co-investigators on the proposal. Projects receiving equipment, supplies, or drugs from industry are acceptable. However, projects where further financial/resource support is obtained from industry will not be considered. Letters of support are encouraged for all co-leads:

---

---

---

---

6. **Please attach a mini Curriculum Vitae for the principal applicant** for the last five (5) years only. Maximum two (2) pages.

## Section 2: Project Information

7. **Title of Proposed Research:** \_\_\_\_\_
- 
- 
- 

**Please indicate the type of research you will be conducting. Please refer to page 1 of the “2025 Outline & Guidelines” for definitions.**

- ☐ Basic Science  
☐ Clinical Research  
☐ Population Study  
☐ Translational Study

**\* Brain Tumour Projects will be considered for projects that are focused on low-grade glioma and rare tumour types that will address issues of access to care, quality of life, improving outcomes or that establish new hypotheses.**

**Use of Human Subjects:** ☐ Yes ☐ No

**Use of Research Animals:** ☐ Yes ☐ No

If yes, anywhere above, please specify: \_\_\_\_\_

**Please note:** Where research involving human and/or animal subjects is indicated, applications will be reviewed as to the scientific validity of the project. Confirmation of approval of ethics is required if successful, within 60 days of receiving notification of receiving the award. If you haven't already, please attach proof of submission for approval or the actual approval with your application.

Please be brief and follow the instructions for the following sections:

8. In the space provided below, please provide a lay summary of your project that can be used for publications of Brain Tumour Foundation of Canada. Please describe the implications of this research project for brain tumour patients. Maximum 200 words.

9. Please provide an outline of the research, not more than three (3) attached pages using TIMES ROMAN 12-POINT FONT. The outline will be rated on the following six points:

- a. Purpose of the research
- b. Background information
- c. Objective or Hypothesis
- d. Research design
- e. Expectations
- f. Possible pitfalls
- g. References if appropriate (2 pages max)

**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 be reviewing 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 try to provide clear explanations whenever possible. The Research Committee may also seek the help of outside reviewers.



--	--	--

**All funds are paid to the order of the institution and sent by mail directly to the institution's business/finance office. If you are awarded funds for your project, the following information is required to facilitate the timely processing of the award.**

Name of contact at the Institution's Business/Finance or Accounting Office:

Contact title:

Contact mailing address:

Contact phone number and email address:

ATTACHMENT of Electronic Funds Transfer (EFT) information (if applicable).

Please also provide the **contact information for media inquiries** at your institution:

Contact title:

Contact phone number and email address:

## Section 4: Signature and Submission Confirmation

All applications must include the following:

- ☐ Completed application form (submit as ONE PDF lastname\_firstname\_Grant applied\_year)
- ☐ Mini curriculum vitae for the applicant for the last five (5) years only. Maximum two (2) pages.
- ☐ Research project summary in lay terms for all members of our community to understand, regardless of educational background
- ☐ Research Project Full Description
- ☐ Proof of submission to the ethics board, or ethics approval, where applicable (must be provided within 60 days of receiving the award, prior to fund dissemination)

*Applications that are incomplete or do not conform to the guidelines will not be reviewed.  
This includes signature of applicant which affirms all statements made in the application are true.*

---

Signature of Principal Applicant

---

Date

---

Name of Principal Applicant (print or type)

## DEADLINE FOR APPLICATIONS

Grant applications must be received by **October 10, 2025**. The selection process and approval will take place shortly after, and the results will be communicated to all applicants upon completion, to share the status.

Please email your application as ONE PDF directly to Susan Ruypers: [sruypers@braintumour.ca](mailto:sruypers@braintumour.ca)