The Autism Scholars Awards, 2014-15 Application Form			
Name:			
	(First name)	(Famil	y name)
Category of award:	Master's:	· ·	Doctoral:
Canadian citizen:	Canadian permanent resid	lent:	Other:
Address:			
Telephone number (s):			
Email address:			
University training to date	(including degrees and date	es [mm/yy]):	
Short title of research project:			
Sponsoring university:			
Names and addresses of two assessors who have written appraisals (enter below):			
Signature:		Date:	
Signature of Dean of Graduate School:			
Name of Supervisor (if app	propriate):	Signature:	
rame of oupervisor (if app	ropriacoj.	Signature.	
Note: Attach curriculum vitae, statement of research and non-technical summary. Please submit <u>electronic</u> copies of			
this package to the Dean of Graduate Studies of the sponsoring university.			