The Ontario Women's Health Scholars Awards, 2018-2019				
Application Form				
Name:				
	(First name)	,	Family name)	
Category of award:	Master's:	Doctoral:	Postdoctoral:	
J				
Canadian citizen:	Canadian permanent	resident:	Other:	
Address:				
Telephone				
number(s):				
Email address:				
University training to date (including degrees and dates [mm/yy]):				
(For postdoctoral applicants) Date of completion of doctoral requirements, if degree not yet awarded				
(mm/yy):				
Short title of research project:				
Please identify in which one of the following categories of women's health research your project most appropriately fits:				
Biomedical		Clinical		
Health systems/service	ces	Population health (inc	cluding social determinants)	
Describe briefly (in no more than 100 words) how your research contributes to or advances women's health				
in Canada and how it relates to gender or sex.				

Sponsoring university:				
Names and addresses of assessors who have written appraisals (two at "arm's length" for the Postdoctoral as defined in the Announcement) [two assessors for Master's and Doctoral applicants, and four assessors for Postdoctoral applicants]:				
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Signature:	Date:			
Signature of Dean of Graduate School:				
Name of Supervisor (if appropriate):	Signature:			
Traine of Supervisor (ii appropriate).	Oignature.			
Note: Attach curriculum vitae, statement of research (maximum 1000 words) and non-technical summary (maximum 500 words), and for postdoctoral applicants, a thesis summary (maximum 300 words) as indicated in the Announcement. Please submit electronic copies of this package to the Dean of Graduate Studies of the sponsoring university.				