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|  | **Application Deadline: February 3, 2020** |

**COLE FOUNDATION FELLOWSHIP COMPETITION**

*(in Pediatric/Young Adult Leukemia and Lymphomas)*

| Surname | | | | Given Names | | | | | | | | | University I.D. |
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| **Contact Info** | | | | | | | | Mailing Address | | | | | |
| Home Phone | |  | | | | | |  | | | | | |
| Lab Phone | |  | | | | | |  | | | | | |
| Email | |  | | | | | |  | | | | | |
| **Category of bursary requested** | | | | | | | | | | | | | |
| Doctoral Fellowship (see **N.B.** pg 8)  Number of years at this level \_\_\_\_ | | | | | | Post-Doctoral Fellowship  Years at this level \_\_\_\_ | | | | | Clinical Fellowship  Years at this level \_\_\_\_ | | |
| Descriptors  Provide up to 5 keywords, separated by a comma, to describe this research project. | | | | | | | | | | | | | |
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| Project Title | | | | | | | | | | | | | |
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| **Primary Supervisor** | | Surname | | | Given Names | | | | Department | | | | |
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| **Secondary**  **Supervisor**  (if applicable) | | Surname | | | Given Names | | | | Department | | | | |
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| **Supervisor Contact Info** | | | | | | | | Mailing Address | | | | | |
| Phone | |  | | | | | |  | | | | | |
| Fax | |  | | | | | |  | | | | | |
| Email | |  | | | | | |  | | | | | |
| **Signatures** | | | | | | | | | | | | | |
| Applicant | | | Primary Supervisor and  Secondary Supervisor (if applicable) | | | | | | | Department Chair | | | |
|  | | |  | | | | | | |  | | | |
| Name |  | | Name | | | |  | | | Name | |  | |
| Date |  | | Date | | | |  | | | Date | |  | |
| dd/mm/yyyy | | | dd/mm/yyyy | | | | | | | dd/mm/yyyy | | | |

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| **Lay Summary**  Non-technical summary of the applicant’s research, written in simple and clear language suitable for non-experts. (Maximum 25 lines) | | | | | | | | |
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| **Source and Amount of Funding**  Indicate below funding sources and the amounts applied to that are tenable in 2020-2022 | | | | | | | | |
| Canadian Institutes of Health Research | | Amount  \_\_\_\_\_\_\_ | | no | If no, please explain | | | |
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| Fonds de recherche du  Québec - Santé | | Amount  \_\_\_\_\_\_\_ | | no | If no, please explain | | | |
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| Other external funding sources | | Amount  \_\_\_\_\_\_\_ | | no | If yes, please specify organization names and competition dates | | | |
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| Other internal funding sources  (University or Hospital) | | Amount  \_\_\_\_\_\_\_ | | no | If yes, please specify organization names and competition dates | | | |
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| Are you presently holding a bursary? Yes  No | | | | | | |
| If Yes, please explain. | | | | | | |
| Agency | | Amount | | | Start Date | End Date |
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| **University Education**  List degrees and diplomas starting with the most recent.  mm/yyyy mm/yyyy | | | | | | | | |
| Degree | Institute/Country | | | Department | | Supervisor | Start Date | End Date |
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| **Research Training**  List postdoctoral & post health professional training, undergraduate & graduate research training experience.  mm/yyyy mm/yyyy | | | | | | | | |
| Institute/Country | | Department | | | Supervisor | | Start Date | End Date |
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| **Honors and Awards**  Starting with the most recent list honors and awards, including salary and training awards received.  One additional page may be added.  mm/yyyy | | | | | | | | |
| Type | | | Awarding Organization | | | | Amount | Date |
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| Publications & Presentations  Indicate the total number of publications in each category. | | |
|  | Published/in press | Submitted |
| Refereed Papers |  |  |
| Book Chapters |  |  |
| Abstracts & Presentation |  |  |
| As an attachment, list the publications in each of the categories listed above. For each publication, list full authorship as it appears in the original publication, year, title, name and volume of the publication and the first and last page numbers. For publications in press, attach a copy of the letter of acceptance. For publications submitted, indicate to which journal and attach a copy of the covering letter. | | |
| **Patents and Copyrights**  Provide title and brief description, patent/copyright number, date and country(ies) of issue and name(s) of joint inventor(s). | | |
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| **Interruption(s) in Scientific Career**  Please specify. | | |
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| **Type of Research Project** – Please indicate below the type of research to be performed. | | |
| Clinical: \_\_\_\_\_\_\_\_\_\_  Translational: \_\_\_\_\_\_\_\_\_\_  Fundamental: \_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Summary of Research Project** – This section is to be completed in consultation with applicant’s supervisor/s.  Descriptive summary of the research project including: background information and rationale for the work; hypothesis; specific aims; scientific approach and expected outcomes. This section is to be written in simple non-technical language. (Maximum 2 pages, 50 lines per page) | | |
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| **Summary of Research Project** –continued | | |
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| **Research Path** – Describe your research activities since you received your most recent diploma and the general objectives of your research activities since that time. (Maximum 50 lines) |
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| **Relevance of Research** – Explain the relevance of the research to the mandate of the Cole Foundation; which is, "...to promote research in pre-leukemia/lymphoma, leukemia/lymphoma and other related conditions/diseases in children and young adults as well as the development of clinical care for patients affected by these diseases." (Maximum 10 lines) |
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| **Impact/Deliverables** – Describe how your research will impact the treatment of pediatric/young adult leukemia, lymphoma and related diseases and, if applicable, what deliverables your research may generate. (Maximum 10 lines) |
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**N.B.** If you are applying for a PhD Fellowship, please include an official copy of your academic transcripts (university and later) in PDF format only with this application. If your transcript is not in this format, transcribe it into PDF format and have it verified and validated by your supervisor.