The Autism Scholars Awards, 2020-21 Application Form				
Name:				
	(First name)		(Famil	y name)
Category of award:	Master's:		<u>(i aiiiii</u>	Doctoral:
Canadian citizen:	Canadian permanent res	ident:		Other:
Address:				
Telephone number (s):				
Email address:				
University training to date (including degrees and dates [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 Grad	uate School:			
Name of Supervisor (if app	propriate):		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.				