The Ontario Women's Health Scholars Awards, 2020-2021 Application Form					
Name:	•	•			
	(First name)		(Fa	(Family name)	
Category of award:	Master's:	Doctoral:	(Postdoctoral:	
Canadian citizen:	Canadian permanent	resident:		Other:	
Address:					
Telephone number(s):					
Email address:					
(mm/yy):	plicants) Date of com	pletion of doctoral	requireme	ents, if degree not yet awarded	
Short title of research	project:				
Please identify one primary (1) and one secondary (2) field from the following categories of women's health research into which your project most appropriately fits:					
Biomedical		Clinical			
Health systems/servic	ces	Population he	ealth (inclu	ding social determinants)	
	more than 100 words relates to gender or se		ch contribu	tes to or advances women's health	

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]:				
Signature:	Date:			
Signature of Dean of Graduate School:				
Name of Supervisor (if appropriate):	Signature:			
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.				