



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

**APPLICATION FOR DEPARTMENTAL ONTARIO STUDENT OPPORTUNITY TRUST FUND (OSOTF)
AWARDS FACULTY OF MEDICINE, GRADUATE & LIFE SCIENCES EDUCATION – 2018-2019**

(Please be sure to identify all pages of your application with your name and student number)

Name of Award(s) applied for:

Student Name (surname, first name and initial):

Student Number:

Home Mailing Address:

E-mail Address:

Phone #:

University Department :

Location of Research (University Bldg, Hospital / Research Institute name or off campus location):

Degree Program:

M.Sc. Year: at time of tenure of award

Ph.D. Year: at time of tenure of award

Attachments:

Curriculum Vitae

Short Description of Research:

Attach, in easily understandable terms, a summary of the research project (maximum 1000 words) including a **clear statement** on how it conforms to the conditions of the award

Transcripts:

First year M.Sc. students - attach official transcript for 4th year undergraduate degree

Current M.Sc. or Ph.D. students - attach official transcript for the last 2 years of current degree program

Letters of recommendation:

Attach 2 letters of recommendation, including 1 letter of support from current supervisor (Total of 2 letters)

OSOTF Financial Needs Assessment Form:

Attach completed Financial Needs Assessment Form

Applicant Name & Student Number

Declaration

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Student:	Signature	Printed name	Date
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Signatures

Supervisor:	Signature	Printed name	Date
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Graduate Coordinator:	Signature	Printed name	Date
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