



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

APPLICATION FOR DEPARTMENTAL OSOTF AWARD
GRADUATE & LIFE SCIENCES EDUCATION – 2020-21

Name of the OSOTF Award(s) applied for:

APPLICANT INFORMATION		
Last Name:	First Name:	Initials:
U of T Student Number:	Email Address:	Telephone:
Home Mailing Address:		Unit/Apt:
City:	Province:	Postal Code:

APPLICANT GRADUATE PROGRAM (at time of tenure of award)		
U of T Graduate Unit (that you are registered in your degree program):		
Graduate Coordinator Name:	Email Address:	Telephone:
Degree Program: Masters PhD Year of Study:		
Location of Research (University Bldg, Hospital Research Institute name, or off campus location):		
Are you enrolled in a clinician-scientist trainee program? YES NO If yes, provide your U of T Clinical Department:		

APPLICATION ATTACHMENTS

Curriculum Vitae

Short Description of Research

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

Transcripts

First year MSc Students – attach official transcript for 4th year undergraduate degree

Current MSc or PhD 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 2 letters)

OSOTF Financial Needs Assessment Form

Attach completed Financial Needs Assessment Form

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 Named (printed)

Signature

Date

Supervisor Name (printed)

Signature

Date

Graduate Coordinator Name (printed)

Signature

Date

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