



**TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO**

**APPLICATION FOR DEPARTMENTAL OSOTF AWARD  
Office of the Vice Dean, Research and Health Science Education  
2022-23**

Name of the OSOTF Award(s) applied for:
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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 4<sup>th</sup> 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.

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Student Named (printed)

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Signature

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Date

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Supervisor Name (printed)

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Signature

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Date

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Graduate Coordinator Name (printed)

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Signature

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Date

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