

The Ontario Women's Health Scholars Awards, 2019-2020 Renewal Form

Name:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">First name</td> <td style="width: 50%; border: none; padding: 5px;">Family name</td> </tr> </table>			First name	Family name
First name	Family name				
Category of award:	Master's:	Doctoral:	Postdoctoral:		
Canadian citizen:	Canadian permanent resident:	Other:			
Address:					
Telephone number(s):					
Email address:					
University training to date (including degrees and dates [mm/yy]):					
(For postdoctoral applicants) Date of completion of doctoral requirements, if degree not yet awarded [mm/yy]:					
Short title of research project:					
Please identify in which <u>one</u> of the following categories of women's health research your project most appropriately fits:					
Biomedical:		Clinical:			
Health systems/services:		Population health (including social determinants):			

Describe briefly (in no more than 100 words) how your research contributes to or advances women's health in Canada and how it relates to gender or sex.

Sponsoring university:

Name and addresses of supervisor who has written letter of assessment:

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Signature:

Date:

Signature of Dean of Graduate School:

Name of Supervisor (if appropriate):

Signature:

Note: Attach statement of progress and planned research (maximum 750 words), and non-technical summary (maximum 300 words). Please submit **electronic** copies of this package to the Dean of Graduate Studies of the sponsoring university.