

**The Ontario Women's Health Scholars Awards, 2020-2021  
Renewal Form - Doctoral Award**

Name:	First name	Family name
-------	------------	-------------

Canadian citizen:	Canadian permanent resident:	Other:
-------------------	------------------------------	--------

Address:

Telephone number(s):

Email address:

University training to date (including degrees and dates [mm/yy]):

Short title of research project:

Please identify in which one 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:

--	--

--	--

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.