

## PSI Research Trainee Fellowship

Complete in full your electronic and paper copy of your application package. Do not modify/remove sections – if not applicable to you please indicate “n/a”

<b>Applicant</b>			
Full Name			
Current employment status (specific program/position)			
Clinical Appointment	Title	Institution	
Academic Appointment <i>(if applicable)</i>	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province <b>ON</b>	Postal Code
<b>Have you applied for salary support from another source?</b>			
<b>Yes__ No__</b>  If so, where _____ and for what amount \$_____			
Were you successful? Yes__ No__			
<b>Training Program</b>			
Program Currently Enrolled In: MSc _____ PhD _____ Other _____ (please specify)			
Start Date: _____ End Date: _____			



## PSI Research Trainee Fellowship

<b>Funding Requested</b> <i>(maximum \$25,000 per year for a maximum of 2 years.)</i>			
Year One: \$ _____ Year Two: \$ _____			
Total Amount: \$ _____			
Support Start Date: _____ End Date: _____			
<b>Sponsoring Institution</b>			
Institution Name			
Charitable Registration Number			
Grant Administrator at Sponsoring Institution	Name	Title	
Contact Information of Grant Administrator	Telephone	Email	
Address	Street Address and Suite/Unit		
	City/Town	Province <b>ON</b>	Postal Code
<b>Nominator (Dean or his/her representative)</b>			
Full Name			
Position	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City / Town	Province <b>ON</b>	Postal Code

<b>Mentor</b>			
Full Name			
Position	Title	Institution	
Contact Information	Telephone	Email	
Address	Street Address and Suite/Unit		
	City / Town	Province <b>ON</b>	Postal Code

## Application Contents

### Application Instructions:

Your application must include each of the following sections and using the titles, order and numbering as below. Page numbering is required. The content must be double spaced, 12 pt. font. Please read the Funding Guidelines before completing the application to ensure your application is eligible for consideration.

1. **Proposed Training Plan**
2. **Proposed Research Plan**
3. **Timeline (including milestones)**
4. **Budget and Justification**
  - a. **Detailed Budget**

<b>Budget Rationale</b>	<b>Year 1 \$</b>	<b>Year 2 \$</b>	<b>Total \$</b>
<b>Stipend:</b>			
<b>Fringe Benefits:</b>			
<b>Mentor's Directed Funding:</b>			

### b. Budget Justification

5. **Mentor's Role**
6. **Mentor's Letter of support**
7. **Letter of support from the Sponsoring Institution (see Guidelines)**
8. **Current curriculum vitae of the candidate and mentor**
9. **Appendices (30 pages maximum; see guidelines)**

**Application Deadline:** Please contact the research office of your academic institution for internal deadlines.

**Please note:** do not submit an application directly to PSI. Applications should be submitted to your academic institution, which will forward 2 (TWO) candidates per medical university to the

Foundation for consideration. Your academic institution will have an internal due date - please contact your research office for this information.

# Signatures

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

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<b>Name of applicant</b>	<b>Signature of Applicant</b>	<b>Date Signed</b>
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<b>Name of Mentor</b>	<b>Signature of Supervisor</b>	<b>Date Signed</b>
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<b>Name of Nominator</b>	<b>Signature of Nominator</b>	<b>Date Signed</b>
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<b>Name of Authorized Officer of Sponsoring Institution (required)</b>	<b>Signature of Authorized Officer of Sponsoring Institution (required)</b>	<b>Date Signed</b>
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