**Martha and Vincent Wagar Intellectual Disability and Autism Research Fund Graduate Student Award**

**APPLICATION FORM**

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| **IDENTIFICATION OF APPLICANT** | |
| **LAST NAME:** | **FIRST NAME:** |
| **HOME ADDRESS**: | **CURRENT INSTITUTIONAL ADDRESS:** |
| **EMAIL**: | |
| **TELEPHONE NUMBER:** | |
| **CITIZENSHIP:** | |

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| **APPLICANT PROGRAM INFORMATION** | |
| **DEGREE/PROGRAM NAME**: | |
| **LEVEL (MASTER’S, PHD, POST-DOCTORAL FELLOW):** | |
| **PROG START DATE:** | **PROG END DATE (PROJECTED):** |

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| **IDENTIFICATION OF TWO (2) REFEREES (other than proposed supervisor)**  REFEREE #1: | |
| **NAME:** | **ADDRESS**: |
| **EMAIL**: | **TELEPHONE**: |
| **RELATIONSHIP TO APPLICANT:** | |
| [letter of reference required – include in final attachment] | |
| REFEREE #2: | |
| **NAME:** | **ADDRESS**: |
| **EMAIL**: | **TELEPHONE**: |
| **RELATIONSHIP TO APPLICANT:** | |
| [letter of reference required – include in final attachment] | |
| **IDENTIFICATION OF SUPERVISOR (OR POTENTIAL SUPERVISOR, IF NOT YET STARTED)** | |
| **NAME OF SUPERVISOR:** | **INSTITUTIONAL ADDRESS**: |
| **EMAIL:** | **TELEPHONE**: |
| [supervisor confirmation letter required – include in final attachment] | |

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| ***IDENTIFICATION OF CO-SUPERVISOR (IF APPLICABLE)*** | |
| **NAME OF CO-SUPERVISOR:** | **INSTITUTIONAL ADDRESS**: |
| **EMAIL:** | **TELEPHONE**: |
| [co-supervisor confirmation letter, *if applicable* – include in final attachment] | |

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| **APPLICANT’S DECLARATION AND SIGNATURE** |
| I will respect the rules of ethics for all research involving humans, human derived samples or experimental animals, and recognize that institutional ethics approval is required to conduct such research. I declare that the information provided above is true and accurate and agree to the conditions described in this form.    Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[see instructions on next page]*  ***INSTRUCTIONS***: Applicants should send this form, combined with the following materials in the order below ***into a single PDF***, via email to [autism@mcmaster.ca](mailto:autism@mcmaster.ca):   1. Application form (this form) 2. Cover letter/letter of intent 3. CCV in CIHR Biosketch format 4. Copy of academic transcript(s) 5. Research proposal 6. High-level research budget (template provided) 7. Two (2) letters of reference from individuals *other* than proposed supervisor 8. Confirmation letter from identified supervisor 9. Confirmation letter from identified *co-*supervisor (if applicable) |