



**Summership Grant Application
Sjögren's Society of Canada
Deadline May 1, 2015**

Application by Candidate

Name: Dr; Ms; Mr.

Surname

Given Name(s)

Address

No.

Street

Apt No.

City

Province

Postal Zone

Telephone ()

Email

Date of Birth:

DD/ MMM/ YYYY

Professional Program: (eg. *Dentistry, Medicine, Rheumatology, Ophthalmology*)

Level of Training (undergraduate year):

Year of Graduation:

Are you a Canadian Citizen?

Yes No

University or School Program:

Name of Mentor:

Title of Mentor:

Applicant (continued)

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Title or Subject of Project *(you may submit your project as an addended document, but you must include all the information requested on this form and keep your document to 1000 words (3 pages double spaced):*

Outline of Proposal:

Background Information:

Purpose of Project:

Methodology:

Outcome Measures:

Additional Support:

Estimated time to Completion:

References:



MENTOR

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Sjogren's Society of Canada
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Mentor's Name:

Title:

Institution:

Address

Street

City

Province

Postal Code

Telephone ()

Email Address

Please outline briefly your own previous experience treating or investigating Sjogren's Syndrome?

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Mentor (Continue)

Reference for Grant Candidate:

Name of candidate:

How long have you known the candidate?

What are the candidate's qualifications to complete the research proposal?

Where will the candidate do his/her research?

Please describe the facility where this research project will be performed

How often will you meet with the Candidate

Will the candidate have any additional exposure to Sjogren's Syndrome during the term of this project?

Mentor (Continue)

Please list any additional grant support in place to support this research

What is your time-table to see this project to completion?

Signature of Mentor:

I agree to supervise and mentor the grantee,

to the completion of the research project. I will acknowledge the Sjogren's Society of Canada with any abstracts, presentations or publications resulting from this research.

Dated this _____ day of _____, 20_____

Signature

Send PDF or Scanned Document to Sjogren's Society of Canada, care of Dr. Arthur A. M. Bookman, Co-Chair, Medical Advisory Board. Send to arthur.bookman@uhn.on.ca.

Deadline: midnight, May 1, 2015.