



**Application for Women's Health  
Scholar Program**

*Click on the grey shaded (blue boxes) to make your selection. Tab to next selection*

**To be completed by the Trainee.**

Program:            MSc            PhD            Other

Name of trainee:

Date for starting research:

Name of supervisor(s) (list all):

Branch of graduate school in which the supervisor(s) has an appointment:

Type of SGS appointment:

Names of external agencies to whom you will apply for funding:

Name of institute/graduate department which you have applied for (or will apply for) admission as a graduate student in the School of Graduate Studies:

*(It is the responsibility of the student to complete this application process prior to research starting date)*

What are your career goals, and how will this program help you achieve them? (maximum 250 words)

Description of research to be performed: (Please include potential outcomes and significance)

Budget and justification: (Please provide an itemized budget of your proposed research work, as well as a justification for each item)

**To be completed by the proposed Supervisor.**

Current and Pending Grants: (Indicate agency, title of grant, start and end dates, amounts for current and subsequent years, and whether sufficient funds are available for research to be performed by trainee)

Location of proposed research: (Indicate whether sufficient space is available for the trainee's research)

Proposed source(s) of funding for trainee support. (Supervisors are required to guarantee 50% of the WHS funding package in Year 2)

**Send Application to:** Women's Health Scholar Program Committee  
123 Edward Street, Suite 1200  
Toronto, ON  
M5G 1E2

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Trainee's Signature

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Date

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Supervisor's Signature

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Date

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Residency Director's Signature

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Date

## **Women's Health Scholar Program Application Checklist**

Trainee's Name:

Program:            MSc                      PhD                      Other

Submitted The Following with Application	Check Appropriate Box
1. Application	
2. CV of Trainee	
3. CV of Supervisor	
4. 2 Reference Letters	

Please send all documents as a .zip file to [obgyn.research@utoronto.ca](mailto:obgyn.research@utoronto.ca)



Obstetrics & Gynaecology  
UNIVERSITY OF TORONTO

**Women's Health Scholar  
Contact Information**

Trainee's Name	
Home Address	
Home Phone Number	
Home Fax Number	
Email Address	
Supervisor's Name	
Supervisor's Office Phone Number	
Supervisor's Lab Phone Number	
Supervisor's Fax Number	
Supervisor's Email Address	
Lab Address	
Lab Phone Number	
Lab Fax Number	