**DEPARTMENT OF PEDIATRICS, UNIVERSITY OF ALBERTA**

**CLINICAL RESEARCH FELLOWSHIP FUNDING APPLICATION**

**Application Deadline: September 30, 2014**

Late applications will not be accepted.

**Use No Less than 11pt font and 2.0 cm margins**

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| **Fellowship Applicant** | Name: |
| Signature: |
| **Collaborators**  **(if applicable)** | Name: |
| Signature: |
|  | Name: |
| Signature: |
|  | Name: |
| Signature: |
| **Supervisor/Division Head** | Name: |
| Signature: |
| **Department Chair** | Name: |
| Signature: |
| **Project Title** |  |
| **Date of Submission** |  |
| **Proposed Start Date** |  |

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| **Project Summary including Knowledge Translation Plan (maximum 3 pages)** |
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| **Relevance to Future Career Goals** |
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| **Budget Justification for Research Project** | |
| Budget Item & Justification | Amount Requested |
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| **Summary of SUPERVISOR’S or Other Funding for Clinical Research Project Outlined** | | | |
| **Funding Source** | **Amount total** | **Title** | **Funding period** |
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**Attachments:**

* Literature References for above Project Proposal
* 2 – page Abbreviated CV including:
  + - All Publications in the last 5 years (Chapters, Abstracts, Peer Reviewed and non-Peer Reviewed Manuscripts/ Submitted Manuscripts
    - Knowledge Translation Activities including presentations (Invited or Conference)
* 2 – page Abbreviated Supervisor CV including:
  + - All Publications in the last 5 years (Chapters, Abstracts, Peer Reviewed and non-Peer Reviewed Manuscripts/ Submitted Manuscripts
    - Knowledge Translation Activities including presentations (Invited or Conference)
* Letter of Support from Supervisor
* Letters of Reference [(2) Non-Supervisor]