**GRADUATE STUDENT ENDOWMENT FUND AWARD (GSEF)**

**2019-20 APPLICATION FORM**

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| **NAME OF AWARD APPLIED FOR:**  |  |
| **A. APPLICANT INFORMATION**  |  |  |
| **First Name:**  | **Last Name:**  |  | **Initials:**  |
| **U of T Student Number:**  | **Email Address:**  | **Telephone:**  |
| **Home Address:**  |  |  | **Unit/Apt.:**  |
| **City:**  | **Province:**  |  | **Postal Code:**  |
| **B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)**  |
| **U OF T Graduate Department:**  |
| **Graduate Coordinator Name:**  | **Email Address:**  | **Telephone:**  |
| **Degree Program:**  **Masters PhD Year of Study: \_\_\_\_\_\_\_**  |
| **Location of Research (University Bldg, Hospital Research Institute name, or off campus location)**  |
| **Are you enrolled in a clinician-scientist trainee program?**  **YES**  **NO If yes, indicate your U of T Clinical Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **C. APPLICATION ATTACHMENTS**  |  |
| **Short Description of Research** Attach, in easily understandable terms, one-page letter summarizing your research, and evidence of involvement and interest in extra-curricular activities.  |  **YES**  |
| **Transcripts** First year Masters students – attach transcript for 4th year undergraduate degree Current Masters or PhD students – attach transcript for the current degree program  |  **YES**  |
| **Letter of Recommendation** Attach letter of recommendation of support from supervisor  |  **YES**  |
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| **D. DECLARATION**  |
| I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Name (printed) Signature Date**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor Name (printed) Signature Date**  |

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| **Financial Needs Assessment Form: (if required by the GSEF award conditions)** Attach completed Financial Needs Assessment Form  |  **YES**  **N/A**  |

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