**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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