

Graduate Student Scholarship Award Program

2023-2024 Application Form

NAME OF AWARD APPLIED FOR:
(select all that apply)

- ☐ Whipper Watson Graduate Research Studentship Award
- ☐ Kimel Family Graduate Student Scholarship in Paediatric Rehabilitation
- ☐ Kimel Family Graduate Student Scholarship in Paediatric Disability Research

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 award)

U OF T Graduate Department:		
Graduate Coordinator Name:	Email Address:	Telephone:
Degree Program: <input type="checkbox"/> Masters <input type="checkbox"/> PhD		
Current Year of Study: _____		Year of Study in 2023/2024: _____
Primary Supervisor:		
Location of Research (University Bldg, Hospital Research Institute name, or off campus location)		

C. APPLICATION ATTACHMENTS

Attachment Guidelines:

- Application materials are to be submitted electronically as **one (1)** PDF file
- Application Attachments should be typewritten with a minimum 12 point font with 1 inch margins.

Biography

Attach a **one (1)** page (max) describing your academic and extra-curricular interests. Identify your specific interest in pediatric rehabilitation, including your motivations, drive and inspirations within the field.

Research Proposal

Attach a **one (1)** page (max not including references) description with your project title, summarizing your proposed research. Your description should include the following headings:

- Research Question and Objectives
- Methodology (design, measurement, analysis)
- Clinical Relevance/Impact on clients and families
- Timelines

Future Goals

Include a paragraph describing your future goals (**1/2 page** maximum).

Curriculum Vitae

Attach a current CV (**3 page max**) that must include the following information:

- Degrees/training; Primary supervisors (if applicable)
- Honours and Awards (broken down by local, national, international); include value of award
- Demonstration of academic progress, including posters and publications (broken down by local, national, international), indicate type of authorship (ex. first author) and status (ex. in print, submitted, etc.)

Any information provided past 3 pages will not be considered and/or reviewed

Transcripts

- First year Masters students – attach transcript for 4th year undergraduate degree
- Current Masters – attach transcript for 1st year Masters and 4th year undergraduate degree

PhD students – attach transcript for Masters and current degree program.

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

I hereby declare that if a scholarship is awarded, I will undertake the supervision of the candidate during the term of the award and ensure compliance with the terms and conditions of the award. Adequate resources will be made available to cover the costs of the student's research.

Supervisor Name (printed)

Signature

Date

Bloorview Research Institute and Holland Bloorview Kids Rehabilitation Hospital respect your privacy. The information on this form is collected by Bloorview Research Institute and Holland Bloorview Kids Rehabilitation Hospital, and is protected by Ontario's Freedom of Information and Protection of Privacy Act. The purpose of this privacy statement is to inform you how we will use your information. We will use this information for purposes related to the administration of this award; for example it will be used to determine the qualifications for the awards and to report

to Bloorview Research Institute, Holland Bloorview Foundation, their donors and The University of the Toronto and their donors. This information will not be shared with other organizations, except to verify the information you provide.

It is our practice to publicize award winners, and we consider the following information about current and former recipients to be publicly available and will provide it to third parties upon request: student's full name; Faculty(ies)/Schools in which student is/was enrolled, with major field of study; awards given and date(s) conferred; and academic or other University honors or distinctions. At any time an individual may request that this information cease to be made publicly available by contacting the Privacy Officer in writing and the award will be reported as being given to "Undisclosed Recipient".

If you have questions, please refer to contact the Privacy Officer at Holland Bloorview Kids Rehabilitation Hospital at 416-425-6220, ext. 3467, 150 Kilgour Road, Toronto, ON, M4G 1R8.

