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| **NMIN Postdoctoral Fellow Award****APPLICATION FORM** |
| 1. Indicate which award you are applying for:
 |  NMIN *Postdoctoral Fellowship Award* in Drug Delivery |
|  NMIN *Postdoctoral Fellowship Award* in Gene Therapy |
|  NMIN *Postdoctoral Fellowship Award* in Diagnostics |
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| 1. **Applicant Details**
 |
| Applicant Name: |  |
| Position: |  |
| Institution: |  | Email: |  |
| Supervisor: |  | Phone: |  |
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| 1. **Relevant Work Experience**
 |
| Position | Organization | Supervisor | Period Held(mm/yr - mm/yr) |
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| 1. **Academic Background** (including current and past degree program)
 |
| Degree | Discipline | Department, institution, Country | Term(mm/yr - mm/yr) |
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| 1. **Scholarships and Other Awards** (most recent first)
 |
| Award | Value | Level*(institutional, provincial, national, international)* | Period Held(mm/yr-mm/yr) |
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| 1. **Partner Funding in hand or pending**
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| Organization | Committed Funding | Use | Date(mm/yr) |
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1. Please insert a description of the proposed research project (maximum five [5] pages, Arial, 11 pt, excluding references)
2. Please insert a brief applicant statement (maximum two [2] pages, Arial, 11 pt)
3. Please insert the applicant’s CV
4. Please insert the supervisor’s(s’) CV
5. Please list the authors of the three Letters of Support to be sent directly to Leah Graystone at leahgraystone@nanomedicines.ca
6. Please list the institutions and degrees for which official transcripts of the applicant’s graduate training are to be sent directly to Leah Graystone at leahgraystone@nanomedicines.ca

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| **13. Disclaimer and Signatures** |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this Award. |
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| Signature of Applicant | Date |
|  |  |
| Signature of Supervisor | Date |
| Submit completed application packages to Leah Graystone, HQP and Events Coordinator, at leahgraystone@nanomedicines.ca. Only electronic applications will be accepted. |