|  |  |  |  |
| --- | --- | --- | --- |
| **NMIN *Postdoctoral Fellowship Award in Gene Therapy***  **2021 APPLICATION FORM** | | | |
| 1. **Applicant Details** | | | |
| Applicant Name: |  | | |
| Position: |  | | |
| Institution: |  | Email: |  |
| Supervisor: |  | Phone: |  |
|  | | | |

| 1. **Relevant Work Experience** (listed from most recent to least recent) | | | |
| --- | --- | --- | --- |
| **Position** | **Organization** | **Supervisor** | **Period Held**  **(mm/yr - mm/yr)** |
| *Insert rows as required* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |

| 1. **Academic Background** (including current and previous degree programs completed) | | | |
| --- | --- | --- | --- |
| **Degree** | **Discipline** | **Department, institution, Country** | **Term**  **(mm/yr - mm/yr)** |
| *Insert rows as required* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |

| 1. **Scholarships and Other Awards** (listed from most recent to least recent) | | | |
| --- | --- | --- | --- |
| **Award** | **Value** | **Level**  ***(institutional, provincial, national, international)*** | **Period Held**  **(mm/yr-mm/yr)** |
| *Insert rows as required* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |

| 1. **Partner Funding in-hand or pending** | | | | |
| --- | --- | --- | --- | --- |
| **Organization** | **Committed Funding** | **Pending Funding** | **Use** | **Date**  **(mm/yr)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |

1. Please insert a description of the proposed research project (maximum five [5] pages, 11pt Arial, excluding references)
2. Please insert a brief applicant statement (maximum two [2] pages, 11pt Arial)
3. Please insert the Applicant’s CV
4. Please insert the Supervisor’s(s’) CV
5. Please list the individuals’ names, titles and organization that are providing the three Letters of Support to be sent directly to Leah Graystone at [leahgraystone@nanomedicines.ca](mailto: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](mailto:leahgraystone@nanomedicines.ca)

| **12. 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. | |
|  |  |
| Signature of Applicant | Date |
|  |  |
| Signature of Supervisor | Date |
| Submit completed application packages to Leah Graystone, HQP and Events Coordinator, at [leahgraystone@nanomedicines.ca](mailto:leahgraystone@nanomedicines.ca). Only electronic applications will be accepted. | |