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| **Cumming School of Medicine**  **Dr. D. Grant Gall Award in One Health** Application Form *(Note: For application to be considered* ***ALL*** *sections must be completed.)*  *Deadline: Quarterly Review of Applications (January 2, 2022, April 1, 2022, July 1, 2022, and October 1, 2022)* | | | | |
| **Criteria (see full details in award description)**  THe terms of referecence are provided Through the Office OF INDEGENIOUS, Local,  Global Health OFFICE, CUmming School of Medicine | | | | |
| **APPLICANT:**  **Supervisor/s or Preceptor/s** | | | | |
| Name: | |  | | |
| Address:  Email | |  | | |
| Tel: | |  | | |
| Department and Faculty: | |  | | |
| **Student/s**  Name:  UCID:  Address:  Email  Tel  Department and Faculty | |  | | |
| **project title:** | | | | |
| **OTHER COLLABORATORS/Partener INsitutions INVOLVED** (Name, institution, city, country, email address): | | | | |
| **PROJECT SUMMARY:** (not to exceed 4 pages) | | | | |
| **Description of the Supervisor/ Mentors ONe Health Research/ Interests or Expertise** | | | | |
| **Description of THE STUDENT Research Project** | | | | |
| **Description of the Research Setting** | | | | |
| **Describe the intended skills and capacities the student will develop** | | | | |
| **Opportunities for Colaboration and Partner Engagment** | | | | |
| **BUDGET** | | | | |
| **Expense details:** | **Amount:** | | | |
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|  |  | | | |
| **TOTAL:** |  | | | |
| **OTHER FUNDING SOURCES (Granted or applied for):** | | | | |
| **SIGNATURES:** | | | | |
| Applicant: | | | Date: |  |
| Associate Dean, Indigenous, Local Global Health (upon approval): | | | Date: |  |

Updated: 2021-10-27