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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:EmailTelDepartment 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