



**THE CENTRE FOR
PHARMACEUTICAL
ONCOLOGY**
Bridging Discovery to Life

THE CENTRE FOR PHARMACEUTICAL ONCOLOGY

Application for Graduate Student Scholarship

E-mail application to: Sam Dalfonso at sam.dalfonso@utoronto.ca

Student Name (Last Name, First Name):

Student Number:

Contact Information

Laboratory Location and Address:

Tel.:

E-mail:

Graduate Department: Pharmaceutical Sciences

Other (specify):

Degree: MSc PhD

Date Started Graduate Program:

Expected Date for Completion of Graduate Program:

Supervisor Name (Last Name, First Name):

Student Membership in the CPO:

Full Trainee

Associate Trainee

Supervisor Membership in the Centre:

Full Member

Associate Member

For Associate Trainee members only:

Is your project a collaboration between your supervisor and a Full Member of the CPO:

Yes

No

Name of Full Member of the CPO (Last Name, First Name):

Transcripts

Please submit a non-official transcript of your graduate studies with this application.

Transcripts attached.

Letter of Recommendation

Please request a **primary letter of recommendation** from your MSc or PhD supervisor to be sent to: sam.dalfonso@utoronto.ca. If you are an Associate Trainee member, this letter should indicate that your project is a collaboration between your supervisor and a Full Member.

Letter of Recommendation Requested.

Biosketch/CV

Attach a **maximum 2-page biosketch** to the application that lists your education, previous employment and/or research experience, other awards or scholarships received and publications and conference presentations.

Biosketch Attached.

Title of Proposed Research:

Proposed Research (Maximum 500 words – approximately 1 page).

In the space provided below, please briefly describe your research proposal by including the background and rationale, hypothesis and specific aims, proposed experimental design, and relevance and potential impact on cancer.

References

Insert your references here (maximum 15 references).