

The application package **must** include the following:

1. Completed applicant information form (attached) with supervisor's signature
2. Curriculum vitae (education, employment, published papers/abstracts, honors/awards)
3. A copy of all university transcripts (undergraduate, graduate [unofficial transcripts are acceptable])
4. Letters of reference from two individuals familiar with applicant's research experience/potential (these can be electronically forwarded directly to e mail address listed). Letter of reference forms are available [here](#). Supervisors are **not** required to provide a reference letter, but a supervisor letter **is** considered an asset.
5. Curriculum vitae of the applicant's supervisor. If applicant's supervisor has previously been named on a TPME Educational Funding Application, no CV is required. \*\*In the event the student does not have a designated supervisor upon application, they must inform NL SUPPORT upon submission. NL SUPPORT may assist with matching students with faculty if they deem the proposal is of high quality and supervisors are prepared to accept the student.
6. Description of research project that includes the following headings (attached as a Word document in 12-point font, single-spaced):
  - **Project Description**, including **Project Title** (3 pages, max.)
    - Must include:
      - planned engagement of **patients as partners**
      - alignment with **NL SUPPORT Priority Research Themes**
      - a brief **budget** and **justification**
7. **For additional information and guidelines concerning the administration of these awards, please consult the Awards Guide.**

For further information, please contact: [dale.humphries@med.mun.ca](mailto:dale.humphries@med.mun.ca).

**Late or incomplete applications will NOT be accepted.**

**NL SUPPORT AWARD FOR PATIENT ENGAGEMENT FUNDING OPPORTUNITIES  
APPLICANT INFORMATION FORM (2018)**

**Name of Applicant:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_

**Year Started:** \_\_\_\_\_  
(Proof of enrolment/acceptance required upon award of studentship)

**Project Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I hereby confirm that all the information above and in the attached documentation is accurate:

\_\_\_\_\_  
(Applicant's Signature)

**Primary Supervisor:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

I have read and support this application: \_\_\_\_\_  
(Supervisor's Signature)

Submit your application electronically along with your CV, transcripts, Supervisor's CV and your research proposal. Reference letters may be sent directly to Dale Humphries at [dale.humphries@med.mun.ca](mailto:dale.humphries@med.mun.ca).

Application must be received by 5.00 p.m. Newfoundland Standard Time on Monday, October 15th, 2018.