

**Canadian Society for Transplantation
2010 Associate Members Research Grant Application**

Application Form

Investigator Name: _____

Position: _____

Department/Area: _____

Extension: _____

Email Address: _____

Applicant Signature: _____

Application Date: _____

Co-investigators & their Institutions:

Application:

The total application should not exceed 3 pages*

- 2 pages maximum for description of research (background, objectives, methods)
- 1 page for budget

* Supplementary appendices including references, questionnaires, instruments, and data collection tools are allowed as required

Please provide a description of your research funding request and its objectives. Please describe projected outcomes and impact, clinical significance and timelines of your proposal.

Applications must be single spaced, with a minimum size 11 font. Please specify how your proposal will support the mandate of the Canadian Society for Transplant Associate Members Research Committee mandate (refer to application guidelines).

Budget (1 page maximum)

A budget justification should be provided to accompany the budget.

Budget Detail (* This is a sample format)

Item	Expense	Purpose/Justification

Total Funds Request: _____

Have additional funds for this research project been requested and/or received?

Please list all below.

1. Source: _____
Was it funded? Y/N/Result Pending
Amount Awarded: _____

2. Source: _____
Was it funded? Y/N/Result Pending
Amount Awarded: _____

3. Source: _____
Was it funded? Y/N/Result Pending
Amount Awarded: _____

**Completed application forms must be submitted
by March 12, 2010 to:**

hsamson@rcpsc.edu