

LETTER OF INTENT (LOI)
in application of the Studentship Award
Research Institute Award Program

CONTACT INFORMATION

Name and Title	Title	First Name	Last Name
Business Address			
Business Telephone	Ext.	Business E-mail	
Current enrollment level at university:			
Year	Masters	PhD	Program Name: Dept.
Expected September enrollment level at university – input n/a if not applicable:			
Year	Masters	PhD	Program Name: Dept.
Expected completion date of your university program:			
Month	Day	Year	

SUPERVISOR'S INFORMATION

Name and Title	Title	First Name	Last Name
Business Address			
Business Telephone	Ext.	Business E-mail	
Describe how involved your supervisor will be in your research project (do not exceed box space):			

RESEARCH PROJECT INFORMATION

Project Title

Research Area

Is 75% of your time protected for research? Yes No

What St. Joseph's Healthcare campus is your research being performed at? Charlton West 5th King

RESEARCH PROJECT INFORMATION *continued*

Research Summary: Provide a brief project description of the research proposal (do not exceed box space):

SIGNATURE OF APPLICANT

I hereby sign that all of the information and contents contained with my Letter of Intent application package is true and understand falsification of any copy or document will result in immediate termination of my application.

Signature of Applicant	Date

ATTACHMENTS

- CV

SUBMISSION

The Letter of Intent is a pdf form. You must have Adobe Acrobat 8 or higher to save and manipulate the document as follows (Adobe Reader is not sufficient):

1. Print off the Letter of Intent, sign it where noted, scan it to a pdf and save your completed Letter of Intent pdf
2. Insert your CV pdf at the end of your Letter of Intent pdf
3. Save your final combined pdf as: *Last Name First Name Student Award LOI*
4. E-mail the combined and final pdf Letter of Intent application to research@stjoes.ca

CONTACT INFORMATION

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