



Summer Studentships in Allergy and Immunology Research

2020 Application Form

Submission deadline: April 3, 2020

Trainee's Name:	First	Last	DOB: dd/mm/year
Mailing Address:	Street Address		Apartment/Unit #
	City	Country	Postal Code
Work Phone:	E-mail:		
Alternate Phone:			
Current Trainee Appointment	Institution:	Start Date: dd/mm/year	End Date: dd/mm/year

Academic Background (include current and past degree programs)

Degree	Name of Discipline	Department, Institution, and Country	Start Date dd/mm/year	End Date dd/mm/year

Scholarships and Other Awards (start with the most recent)

Name of Award	Value (CDN\$ or specify)	Level Institutional Provincial National International	Type Academic Research Leadership Communication	Location	Period Held mm/year – mm/year

Sponsoring Supervisor			
Name:		Institution:	Title:
Department/Division:			
Mailing Address:	Street Address:		Apartment/Unit #:
	City:	Country:	Postal Code:
Work Phone:	Alternate Phone:	E-mail:	

Letter of support 1 (could be from the proposed supervisor):			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:		Apartment/Unit #:
	City:	Country:	Postal Code:
Work Phone:	Alternate Phone:	Email:	

Letter of support 2:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:		Apartment/Unit #:
	City:	Country:	Postal Code:
Work Phone:	Alternate Phone:	Email:	

Disclaimer and Signature:	
I hereby understand and agree that any award made as a result of this application will be subject to the CSACI terms and conditions governing this Fellowship.	
Signature of Applicant:	Date:
Signature of Supervisor:	Date:

**Please submit this form together with the Attachment Checklist and all the attachments
in one PDF FILE via email to: info@csaci.ca.**

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