Rehabilitation Sciences Institute
UNIVERSITY OF TORONTO

REHABILITATION SCIENCES INSTITUTE

Award Application Form

Application Instructions & Checklist

Please complete this form and attached the documents indicated in the award application process.

APPLICANT INFORMATION

Title: _____ First Name: _____ Last Name:_____

Student Number: _____ Year of Study: _____ Degree: _____

Location of Research : _____

Supervisor(s): _____

Award Name:_____

_____

Current Address:

_____

_____

Declaration

I hereby declare that all information given on and with this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Student Signature: _____

Supervisor Signature:_____