



APPLICATION FORM

The André Lalonde Bursary for the Work of Canadian Physicians within Canada in Areas of Special Needs CFWH Awards, Fellowships and Grants

Please return the completed form, along with required documents, to the CFWH National Office no later than **December 15, 2026**.

Electronically Email: research@cfwh.com

Section A

SOGC member ID number (required): _____

Family Name: _____ Given Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email address: _____

Profession: _____

Healthcare Organization: _____

Proposal Title: _____

Section B

The project/activity must focus on working with an under-served Canadian population. Please refer to *The André Lalonde Bursary for the Work of Canadian Physicians within Canada in Areas of Special Needs Guidelines* for complete bursary information. The completed documents must be sent by email to the CFWH no later than December 15, 2026 in order for your application to be considered.

The proposal cannot not exceed two pages in length and must indicate how this project/activity will help underserved Canadian population. An itemized budget outlining how the bursary funds will be spent and a projected timeline for the project/activity are required. Your completed application must include a copy of your curriculum vitae and a letter of support or tentative acceptance from the participating organization or educational institution.

Please refer to the bursary guidelines for complete application details. The following is a checklist to ensure you do not omit any important documents when you submit your application.

Documents required:

- A cover letter to the CFWH describing your project or intended work
- A two-page description of your project/activity that will help an under-serviced Canadian population
- A letter of support/reference from the institution or supervisor of the project
- An itemized budget and projected timeline
- A curriculum vitae

Section C

Please read the following statements and sign below.

I understand and confirm that:

- The timeline for the project is under 2 years
- If my project runs over a 2-year timeline, I must apply again the following year if I require funding for the second year
- My project is not part of a larger project
- My project is directly related to the area of Obstetrics and Gynaecology and is connected to an under-serviced Canadian or Low Resource international population, or Indigenous population
- My project lasts at least 6 weeks of the award calendar year
- I have indicated whether my project is receiving funding from additional sources
- Following the completion of the project, I agree to provide CFWH a detailed final report and I am prepared to present my results at an agreed upon meeting such as the SOGC ACSC.

Signature: _____

Date: _____