



**APPLICATION FORM:  
The Dawn Walker Grant for Education in Health Policy  
CFWH Awards, Fellowships and Grants**

Please return the duly completed form, along with required documents, to CFWH no later than May 15, 2018.

**By mail**

The Canadian Foundation for Women's Health  
2781 Lancaster Road, Suite 200  
Ottawa, ON K1B 1A7

**By fax or electronically**

Fax: 613.730.4314 or Email: [infocfwh@sogc.com](mailto:infocfwh@sogc.com)

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Profession: \_\_\_\_\_

Healthcare Organization: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

\_\_\_\_\_

Your project or educational activity must focus on learning about how health policy is developed and how it may be used to promote better care for women and children. Please refer to the Dawn Walker Grant Guidelines for complete award information. The completed documents must be sent by email to the CFWH by May 15<sup>th</sup> in order for your application to be considered.

Your proposal should not exceed two pages in length and must indicate how this educational project/activity will help you advocate for better healthcare for women and/or children. An itemized budget outlining how the award money 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.

The successful applicant must be able to answer “yes” to each of the following checklist items:

1. I am a healthcare professional or student of healthcare.
2. I have attached all of the required documents:  
(Cover letter, Activity/Project Proposal description and budget,  
Curriculum Vitae and letter of support/tentative acceptance).
3. The timeline for this Activity/Proposal is two years or less.
4. The funding requested is \$5000 or less.
5. No other funding for this Activity/Project will be received.
6. I will provide CFWH with a detailed final report upon completion of the Activity/Project.

Please return this completed application form and documents by email to [infocfwh@sogc.com](mailto:infocfwh@sogc.com) before May 15<sup>th</sup>.