



APPLICATION FORM: CFWH General Research Grants CFWH Awards, Fellowships and Grants

Please return the duly completed form, along with required documents, to the CFWH National Office no later than May 1st.

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

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

Names of additional investigators:

Name _____ Institution: _____

Name _____ Institution: _____

Name _____ Institution: _____

Please refer to the grant 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 (not blinded):

- A cover letter to the CFWH
- A curriculum vitae for the principal investigator
- An itemized budget including the amount being requested for the project, on a separate page
- A letter of support from the institution

Documents required (blinded):

- On a separate page provide a 250-word description of the proposed research project including your project title.
- A document outlining project objective, method, rationale, and evaluation plan. This document should contain numbered pages. Note that there is no length requirement. Please keep in mind that the selection committee has other applications to review.
- A timeline for the project, on a separate page

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
- My project is affiliated with a Canadian healthcare institution or organization
- I have indicated whether my project is receiving funding from additional sources
- Following the completion of the project/fellowship, I agree to provide the Award Committee with a detailed final report.

Signature: _____

Date: _____