



**APPLICATION FORM:  
The Shoppers Drug Mart Grant  
CFWH Awards, Fellowships and Grants**

Please return the duly completed form, along with required documents, to CFWH no later than April 15, 2019.

**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 must focus on reproductive health issues that face women in Canada and must be directly related to the areas of Obstetrics and Gynaecology. Please refer to the Shoppers Drug Mart Grant Guidelines for complete award information. The completed documents must be sent by email to the CFWH by April 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 project aims to help make further advancements in women's health treatment, research, and/or education. 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 \$3000 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 April 15<sup>th</sup>.