



## CIHR-IHSPR Rising Star Award: Application Form

### Instruction to help you fill out this form

1. Review CIHR funding programs to ensure that your request for funding cannot be funded by an existing CIHR funding program. If you require help to determine this information please contact the specific contact person from the Institute which you are seeking support.
2. Obtain a CIHR Personal Identification Number (PIN) if you do not already have one by going to the following web address and following the instructions:  
**<http://www.cihr-irsc.gc.ca/e/38201.html>**
3. Fill out the following application form and save it
4. Print a copy, sign it and scan it.
5. Send an electronic copy of this application form to the CIHR-IHSPR contact on the last page of this form.



# CIHR-IHSPR Rising Star Award: Application Form

## 1. Applicant Information

a) CIHR PIN

b) Name of Applicant

c) Affiliation

d) Institution paid

e) Address

f) Telephone Number

g) Email

h) Level of graduate training at time the work included in this application was completed:

- Masters
- Doctoral
- Post-Doctoral

i) Status

- Canadian or non-Canadian studying at Canadian Institution
- Canadian studying abroad

## 2. Request for Funding Information

a) Project Title

b) Are you applying as an

- Individual, or as an     Organization

c) Total amount requested (indicate \$1,000)

\$



### 3. Activity Description

- a) **Please provide a brief biographical sketch** including information about general research/thesis interests, previous training and research experience, current training and career aspirations (maximum 250 words).

- b) **For Research Article:** Please provide the **full citation** for your published article (title, authors, name of journal, volume, page numbers, and year). Please attach an electronic copy of your article to the completed form.

**For KT Initiative:** Please provide the **full title** of your KT initiative and include names of all other authors/participants, if applicable. Please attach an electronic copy of your 1000 word description (maximum) of your KT initiative (including objectives, activities, outcomes, and impact) and a summary of your KT experience and impressions (e.g., what worked well, what did not work well, and why).

- c) **Relevance and Potential Impact of the Article/KT initiative:** Please write a statement describing the relevance and potential impact of your paper and/or KT initiative within the field of health services and policy research (maximum 250 words).



d) **Research Supervisor:** Please Indicate the name, title, institutional affiliation of your research supervisor and attach an electronic copy of a letter of support from your research supervisor to your application.

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#### 4. Signatures

Name of Applicant

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Signature of Applicant

Date

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**Please email your application, including:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | This application form, signed and dated  |
| <input type="checkbox"/> | Electronic copy of your article OR Electronic copy of your 1000 word description of your KT Initiative |
| <input type="checkbox"/> | Electronic copy of your letter of support from your research supervisor                                |

**This must be sent no later than 8 pm EST on the [deadline](#) date to the contact person listed on the Funding Opportunity.**