



APPLICATION FOR A DR. FREDERICK KALZ BURSARY – page 1
(Please see guidelines)
(Please print clearly)

1a. Applicant information:

Name: _____

Complete Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

1b. Name of your University _____

Year of Residency (at time of application): 1 2 3 4 5 (circle one)

1c. Senior faculty member of your Dermatology Division / Department endorsing the elective or project:

Name: _____

(A letter of endorsement from this faculty member is required – see requirement A.2. of Guidelines for Applicants.)

2a. Describe in detail the objectives and specifically describe the research component of the proposed elective or project.

Use additional page if necessary.

2b. Dates of proposed elective or project: _____

2c. Location of proposed elective or project:

2d. Supervising faculty member at the proposed site:

(A letter from the proposed supervisor endorsing the objectives and indicating satisfactory completion of the elective or project is required – see requirement A.2 of Guidelines for Applicants.)

Name: _____

Email address: _____

University title/rank: _____

Mailing address: _____



APPLICATION FOR A DR. FREDERICK KALZ BURSARY – page 2
(Please see attached guidelines)
(Please print clearly)

3. Detailed proposed amount of funds requested (e.g. travel, accommodation, etc.). **(See guidelines below)**

Total amount requested: _____ (CAD)

4. Name, title and address of person (applicant or Financial Officer of University) to whom funds should be sent:

If funds are to be sent to your University:

Canada Revenue Agency Business Number of university or hospital:

5. Acceptance of Conditions for Application:

I have read and understand the Conditions for Application as outlined in the **“GUIDELINES FOR APPLICANTS”** and **I accept these conditions.**

Date: _____ Signature of applicant: _____