

UNIVERSITY OF TORONTO  
GRADUATE DEPARTMENT OF PUBLIC HEALTH SCIENCES  
**2022-23 PHS MERIT + NEEDS-BASED AWARDS**  
**APPLICATION FORM**

**A. AWARD(S) APPLIED FOR: CHECK THE RELEVANT BOX(ES)**

Name of Award(s):

- ☐ Ontario Student Opportunity Trust Funds (OSOTF) Award
- ☐ A.B. Miller Prize in Cancer Epidemiology
- ☐ Epidemiology and Biostatistics Award
- ☐ Institute for Work and Health Graduate Fellowship
- ☐ Occupational Hygiene Scholarship Fund
- ☐ Mary Elizabeth McGanity-Parkin Graduate Award
- ☐ Lifebeat '96 Studentship in Women's Health
- ☐ Danielle Haasz Graduate Scholarship (OSOTF)
- ☐ Grace (Weymark) Morgan Scholarship (OSOTF)
- ☐ Drs. Jeanne Ikea Douglas and Foch A. Douglas (GSEF) Fellowship
- ☐ The Dalla Lana Scholarship (OTSS)
- ☐ Sanofi Student Scholarship
- ☐ Dr. Francis Silverman Memorial Scholarship
- ☐ Vohra Miller Doctoral Scholarship on Health Equity

**B. APPLICANT INFORMATION**

<b>First Name:</b>		<b>Last Name:</b>	
<b>U of T Student Number:</b>		<b>Email Address:</b>	

**C. DEGREE PROGRAM**

<b>Degree:</b>	<b>Field of Study:</b>
<b>Full Time/Part Time:</b>	<b>Year of Study in 2022-23:</b>

#### D. APPLICATION ATTACHMENTS

<b>Description of Research/Plan of Study</b> One-page letter summarizing the relevance of your research project/plan of study to the Award you are applying to.	<input type="checkbox"/> YES
<b>Copies of official transcripts</b> (Graduate and Undergraduate. ACORN downloads are acceptable)	<input type="checkbox"/> YES
<b>Curriculum Vitae</b> (maximum of 2 pages)	<input type="checkbox"/> YES
<b>Letter of Recommendation (where applicable)</b>	<input type="checkbox"/> YES
<b>Financial Needs Assessment Form</b>	<input type="checkbox"/> YES

## Declaration

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Student: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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