

**Martha and Vincent Wagar Intellectual Disability and Autism Research Fund  
Fellowship Award**

# APPLICATION FORM

## IDENTIFICATION OF APPLICANT

<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>HOME ADDRESS:</b>	<b>CURRENT INSTITUTIONAL ADDRESS:</b>
<b>EMAIL:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>CITIZENSHIP:</b>	

## IDENTIFICATION OF THREE (3) REFEREES (other than proposed supervisor)

### REFEREE #1:

<b>NAME:</b>	<b>ADDRESS:</b>
<b>EMAIL:</b>	<b>TELEPHONE:</b>
[letter of reference required – include in final attachment]	

### REFEREE #2:

<b>NAME:</b>	<b>ADDRESS:</b>
<b>EMAIL:</b>	<b>TELEPHONE:</b>
[letter of reference required – include in final attachment]	

REFEREE #3:

<b>NAME:</b>	<b>ADDRESS:</b>
<b>EMAIL:</b>	<b>TELEPHONE:</b>
[letter of reference required – include in final attachment]	

<b>IDENTIFICATION OF POTENTIAL SUPERVISOR</b>	
<b>NAME OF SUPERVISOR:</b>	<b>INSTITUTIONAL ADDRESS:</b>
<b>EMAIL:</b>	<b>TELEPHONE:</b>
[supervisor confirmation letter required – include in final attachment]	

<b>IDENTIFICATION OF CO-SUPERVISOR (IF APPLICABLE)</b>	
<b>NAME OF CO-SUPERVISOR:</b>	<b>INSTITUTIONAL ADDRESS:</b>
<b>EMAIL:</b>	<b>TELEPHONE:</b>
[co-supervisor confirmation letter, if applicable – include in final attachment]	

**APPLICANT’S DECLARATION AND SIGNATURE**

I will respect the rules of ethics for all research involving humans, human derived samples or experimental animals, and recognize that institutional ethics approval is required to conduct such research. I declare that the information provided above is true and accurate and agree to the conditions described in this form.

Applicant Name:

Applicant Signature:

Date:

*[see instructions on next page]*

**REMINDER:** Applicants should send this form, combined with the following materials in the order below **into a single PDF**, via email to [autism@mcmaster.ca](mailto:autism@mcmaster.ca):

1. Application form (this form)
2. Cover letter/letter of intent
3. CCV in CIHR Biosketch format
4. Copy of official academic transcript(s)
5. Research proposal
6. Three (3) letters of reference from individuals *other* than proposed supervisor
7. Confirmation letter from identified supervisor
8. Confirmation letter from identified *co*-supervisor (if applicable)