Owerko Centre Publication Award Application



SUPERVISOR: PERSONAL INFORMATION			
Supervisor's name		Email address	
Institute membership (please specify full membership		Faculty and De	partment
of additional institutes)			
APPLICANT: PERSONAL INFORMATION			
Applicant's name	Present address		
UCID number	Telephone	Email address	
Current degree program and discipline		Current level of study	
		Master's Student	
		PhD Student	
		Post-Doctoral Scholar	
		Clinical Fellow	
Acknowledgment			
I confirm that I was first author and that the paper published was in a recognized, peer-reviewed			
journal during the previous calendar year I, the applicant, confirm that all the application materials were written by me.			
PUBLICATION TITLE			
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APPLICATION COMPONTENTS REQUIRED and INSTRUCTIONS			
Please refer to the award description for the evaluation criteria when providing the			
following:			
Completed application form			
A single page description of the publication and its relevance to neurodevelopment and mental			
health. (single spaced, Times Roman 12 pt font and .75 margins)			
Please note that applications will be reviewed by a multi-disciplinary panel so please ensure that			
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