Owerko Centre Knowledge Dissemination and Engagement Award Application



| SUPERVISOR: PERSONAL INFORMATION | | | |
|--|-----------|---|--------------|
| Supervisor's name | | Email address | |
| Institute membership (please specify full membership of additional institutes) | | Faculty an | d Department |
| APPLICANT: PERSONAL INFORMATION | | | |
| Applicant's name Present address | | | |
| The state of the s | | | |
| UCID number | Telephone | Email add | ress |
| Current degree program and discipline | | Current level of study Master's Student PhD Student Post-Doctoral Scholar Clinical Fellow | |
| Acknowledgement I confirm that I am a registered student (Masters, PhD) and Post-Doctoral and Clinical Fellows at the University of Calgary I confirm that I was either a full-time post-doctoral /clinical fellow, or graduate student (MSc and PhD student) in good standing at the time of project | | | |
| APPLICANT: COMMUNITY-ORIENTED PROJECT DESCRIPTION | | | |
| Project title or short description of project focus | | | |
| APPLICATION COMPONTENTS REQUIRED and INSTRUCTIONS | | | |
| Provide the following: Completed application form | | | |
| 1-2 page description of the project and its relevance to neurodevelopment and/or child mental health (single or double spaced, Times Roman 12 pt font and .75 margins). Please refer to award description for evaluation criteria. (Optional – applicants are invited to attach any products related to the research project that may | | | |
| have been developed, e.g. a video, brochure, toolkit, etc) | | | |
| 2-page version of the applicant's CV Combine all into a single PDF document and send to owerko.centre@ucalgary.ca | | | |
| SUPERVISOR STATEMENT | | | |
| My signature below indicates that I fully support my trainee's application and confirm that the | | | |
| description provided describes the student's project. Signature: (applications must be Name: Date: | | | |
| Signature: (applications must be signed by supervisor) | ivaille: | | Date: |