



Building Research for Integrated Primary Healthcare



**BRIC NS Student Research Awards – Application Form**

**Applicant Name** \_\_\_\_\_

**University** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Phone Contact** \_\_\_\_\_

**University ID** \_\_\_\_\_

**Level of Study**

- Doctoral
- Masters
- Medical Resident

**Program Name** \_\_\_\_\_

**Program Start Date** \_\_\_\_\_

**Program End Date** \_\_\_\_\_

**Name(s) of Supervisor(s)** \_\_\_\_\_

**Research Keywords (list 6)**

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\_\_\_\_\_

**How did you hear about this award?** \_\_\_\_\_