

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

**Applicant Name**

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**University**

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**E-mail Address**

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**Phone Contact**

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**University ID**

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**Level of Study**

- Doctoral
- Master's
- Medical Resident

**Program Name**

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**Program Start Date**

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**Program End Date**

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**Current year of  
program:**

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**Name(s) of  
Supervisor(s)**

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**Project Title**

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**Research Keywords  
(list 4)**

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

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