

VISION SCIENCE RESEARCH PROGRAM
Toronto Western Hospital
Graduate Student Scholarship OSOTF Award
UNIVERSITY OF TORONTO/UNIVERSITY HEALTH NETWORK

Announcement of Eric Steinbach Travel Award

The Eric Steinbach Travel Award is named for an inventor who worked on perfecting the desktop DNA Sequencer developed at the Visible Genetics biotech company housed in the former Eye Research Institute of Canada. The sale of stock of the company formed the corpus of the endowment that led to the Vision Science Research Program Scholarships. Eric died in 2015 and his parents, family, and friends established the travel award in his memory.

The award is to defray travel costs of attending a conference, symposium or professional meeting. The expectation is that students will be presenting their work. There is no separate application required; the top two rated students will be chosen as recipients each academic year. Travel date should be between September 1, 2017 and August 31, 2018. The recipients need to submit receipts and proof of abstract submission for reimbursement. Each award will not exceed \$1000.

Please scroll down for OSOTF application form.

“NEW” APPLICANTS ONLY
VISION SCIENCE RESEARCH PROGRAM
Toronto Western Hospital
Graduate Student Scholarship OSOTF Award
UNIVERSITY OF TORONTO/UNIVERSITY HEALTH NETWORK

Deadline for Submission May 12, 2017

Name: _____ Student No: _____
Address: _____
Phone No: _____ Email Address: _____
Graduate Department Admitted/Applied To: _____
Degree Program: MSc, Yr: _____ as of Sept 2017 PhD, Yr: _____ as of Sept 2017
Program Start Date (ddmmyy): _____ Reclassification Date (If Applicable) (ddmmyy): _____
Area of Vision Science/Health Research: _____
Location of Research: _____

External Award. All applicants MUST apply to at least two external (to U of T) agencies for renewals.

I will apply for funding to at least two external agencies for the upcoming academic year.

Declaration

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

I also understand that if I obtain the award, I am obligated to present my results at the annual Research Day held by the Department of Ophthalmology and Vision Sciences. Acknowledgement will be made to “Vision Science Research Program Award” in all publications relating to this research.

Student’s signature _____ Date _____

Signatures

I, being the supervisor, confirm I am a member of Vision Science Research Program, University of Toronto

Supervisor _____ Printed Name _____
Date _____ Email _____

Graduate Coordinator _____ Printed Name _____
Date _____ Email _____

Application Package : Please mail in this form together with item 1 and 2 AND email items 3 to 6 with subject line “OSOTF New-Sept 2017-your last name”..

1. OSOTF Financial Needs Assessment Form.
2. Original (official or notarized) of all updated academic transcripts.
3. CV listing education, awards, abstracts, peer-reviewed publications, presentations, scholarly activities, and research contributions. (Please attach E-files of manuscripts/articles in-press or published and presentation abstracts).
4. Supervisor’s CV in CIHR or similar format.
5. A brief description (one page, 12 font, 1 inch margins) of your project that includes a statement about the relevance of project to vision science/health research.
6. THREE confidential E-letters directly from references.
Two from academic references and one from supervisor stating the significance of the vision science/health research .

Please send application package to Janet Wong, Vision Science Research Program, Toronto Western Hospital, Krembil Tower, 60 Leonard Ave, 8/F, 8KD414, Toronto, ON M5T 2S8. Email: vsrposotf@uhnres.utoronto.ca, Tel: 416-603-5270.

“RENEWAL” APPLICANTS ONLY
VISION SCIENCE RESEARCH PROGRAM
Toronto Western Hospital
Graduate Student Scholarship OSOTF Award
UNIVERSITY OF TORONTO/UNIVERSITY HEALTH NETWORK

Deadline for Submission May 12, 2017

RENEWALS ARE NOT AUTOMATIC. THERE MUST BE EVIDENCE OF RESEARCH PROGRESS, AS DOCUMENTED IN #3 IN APPLICATION PACKAGE BELOW.

Name: _____ Student No: _____
Address: _____
Phone No: _____ Email Address: _____
Graduate Department Admitted/Applied To: _____
Degree Program: MSc, Yr: _____ as of Sept 2017 PhD, Yr: _____ as of Sept 2017
Program Start Date (ddmmyy): _____ Reclassification Date (If Applicable) (ddmmyy): _____
Area of Vision Science/Health Research: _____
Location of Research: _____

External Award. All applicants MUST apply to at least two external awards.

I confirm I have applied to at least two external agencies for the upcoming academic year named below.
Copies of the front page/pages of the applications are attached.

1. _____
2. _____

Declaration

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

I also understand that I am obligated to present my results at the annual Research Day held by the Department of Ophthalmology and Vision Sciences. Acknowledgement will be made to “Vision Science Research Program Award” in all publications relating to this research.

Student’s Signature _____ Date _____

Signatures

Supervisor _____ Printed Name _____
Date _____ Email _____

Graduate Coordinator _____ Printed Name _____
Date _____ Email _____

Application Package : Please mail in this form together with item 1 AND email items 2 to 6 with subject line, “OSOTF Renewal Sept 2017-your last name”.

1. OSOTF Financial Needs Assessment Form.
2. E-Copy of the front page/pages of external award applications. (At least two applications)
3. CV listing education, awards, abstracts, peer-reviewed publications, presentations, scholarly activities, and research contributions. (Please attach E-files of manuscripts/articles in-press or published and presentation abstracts) For manuscript under review, please include the e-letter from the editor acknowledging receipt of the submission.
4. Supervisor’s CV in CIHR or similar format.
5. Progress Report of your project (Maximum 2 pages, 12 font, 1 inch margins) that includes a statement of the relevance of your project to vision science/vision health and a timeline for completion of the degree.
6. E-Letter of support sent directly from supervisor.

Please send application package to Janet Wong, Vision Science Research Program, Toronto Western Hospital, Krembil Tower, 60 Leonard Ave, 8/F, 8KD414, Toronto, ON M5T 2S8. Email: vsrposott@uhnres.utoronto.ca, Tel: 416-603-5270.