



**REHABILITATION SCIENCES INSTITUTE
Award Application Form**

Application Instructions & Checklist

Please complete this form and attached the documents indicated in the award application process.

APPLICANT INFORMATION

Title: _____ **First Name:** _____ **Last Name:** _____

Student Number: _____ **Year of Study:** _____ **Degree:** _____

Educational Background: _____

Location of Research: _____

Supervisor(s): _____

Awards Applying For: _____

Current Address:

Declaration

I hereby declare that all information given on and with 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.

Student Signature: _____

Supervisor Signature: _____