

CHNIG New Research Grant 2025 APPLICATION FORM

Full Name:

Mailing Address:

Phone:

Email:

CNO registration #:

RNAO registration #:

Number of years as CHNIG Member:

Employer: If student, program in which enrolled:

Expected completion date:

Faculty Advisor:

Previous recipient of CHNIG Research Award: No Yes

Information about Research Project:

Title:

Name of co-investigators:

Start date:

Ethics Approval obtained: No Yes

Have you received funds from other sources for this research project? No Yes

If yes, please specify name (s) of granting source, and amount received:

Grant: Amount received: \$

Please attach the following documents along with your application form:

- A letter or email confirming proof of RNAO and CHNIG membership
- Nominee's CV (3 page Limit)
- Summary of biographical information (Max. 500 words)
- Two letters of reference:
 - Reference letter #1
 - Reference letter #2
- Research Proposal (5 pages Max.)

APPLICATION VERIFICATION

The information I have provided is accurate.

Consent

I give consent for my name to appear on CHNIG media if I receive this award.

ATTENTION: You are responsible for ensuring that all supporting documents are received by the deadline date and time to the email listed above. Incomplete or late applications will not be reviewed in this competition.