

CABA-ACAB Shelley R. Saunders Thesis Research Grant for PhD students

APPLICATION FORM

Name: _____

Mailing address: _____

Email(s): _____

Phone number(s): _____

Department and University: _____

Year in program and normal duration of PhD program: _____

Provide the name of any and all organizations or regulatory bodies (i.e., University Ethics Board; government agency; community organization, etc.) that have granted approval or permission for this research. Provide details such as the duration of the approval, study ID number, etc., as relevant. If you do not have University ethics approval, please explain why (e.g.. deemed unnecessary; applied but awaiting decision, etc):

I am a CABA-ACAB member in good standing (i.e., student fees are paid for the year in which you are applying for the grant):

Yes No

If awarded these funds, I commit to providing a written report about the research it helped support for the subsequent CABA-ACAB newsletter.

_____(student initials)

If you have volunteered for CABA-ACAB in any capacity, please note that here. Explain what you did and when. List all separate volunteer roles:

Voluntary equity group information:

Are you a member of one or more of the following equity-deserving groups? Please select all that apply. You may decline to answer this question:

- Indigenous Peoples
- Visible Minority, Racialized Person, Person of Colour
- Person with a disability and/or disabled person
- Women
- Gender and/or sexual minority, 2SLGBTQIA+
- First-generation student (you are the first member of your immediate family to attend a post-secondary educational institution)
- Other. Please explain: _____
- Decline to respond

Date:

Signature:

Note: The personal information shared in this application will be used for adjudication purposes only and will not be distributed beyond the adjudication committee. All applications will be deleted at the end of each funding cycle (calendar year).