



# FAMILY MEDICINE SCHOLARSHIP FUND APPLICATION FORM

Name:

Date:

Fund Request:

DFM Primary Appointment- Academic Rank:

If your appointment is at Lecturer, have you applied for reclassification?

If your appointment is at Lecturer and you have not applied for reclassification please contact Faculty Affairs at [fadfm@uottawa.ca](mailto:fadfm@uottawa.ca) before completing this application.

Work/Clinic/Unit Address:

E-mail:

Amount Requested:

Have you previously received Leadership Support Funding?

If you answered "yes" please indicate the funding option, date, and the amount of funding received.

**Activity description, rationale, and deliverables: 500 words maximum.**

*If funded, please describe how you will contribute to future DFM academic activities and other deliverables in alignment with the DFM strategic plan.*

*All successful applicants will meet with the Director of Research at the conclusion of the funded activity or project for a debrief session.*

*Please read carefully the Terms of Reference for the specific Family Medicine Scholarship Fund option to ensure you meet eligibility requirements before submitting your request.*