



Kawasaki Disease Canada

Student Award Application Form

Applicant Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone:

Email:

University:

Program/Year:

Research Information

Is this research part of a larger research project/program? (Click in the applicable box)

Yes

No

If yes, name of principal investigator:

Last *First* *M.I.*

Is the research completed?

Yes

No

Date/anticipated date of completion: _____

Name of individual providing reference letter:

Full Name:

Last *First* *M.I.*

Phone:

Email:

Rank/Position:

E-mail application and reference letter NO LATER THAN MIDNIGHT, February 22, 2017 to:

Dr. Susan Heald

Kawasaki Disease Canada Research Committee

susan@kdcanda.org