



Kawasaki Disease Canada

Award Application Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Phone: _____ Email: _____

University/
Hospital Affiliation _____

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, May 31, 2020 to:

Kenneth Manson
Chair, Research Committee
Kawasaki Disease Canada
kenneth@kdcanada.org