

Pritchard Graduate Student Grant Program

PRINCIPAL INVESTIGATOR	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT:
E-MAIL ADDRESS:	
CLINICAL COLLABORATOR	
SURNAME:	GIVEN NAME:
EMPLOYER / ORGANIZATION:	
E-MAIL ADDRESS:	
PROJECT TITLE	
PLAIN LANGUAGE SUMMARY (100 WORDS MAXIMUM)	
Checklist for a complete application:	
✓ Cover Page (this document)	
✓ RPIF (signed)	
✓ Free-Form Proposal	
✓ CV from UBCO Principal Investigator	
✓ CV from Clinical Collaborator	