Dr. Forough Khadem Scholarship

APPLICATION FORM - RFHS Graduate Studies

Applicant Name:		
College:		
Department (if applicable):		
Student Number:		
Email Address:		
Advisor Name:		
College:		
Department (if applicable):		
Co-Advisor Name (if applicable):		
College:		
Department (if applicable):		
Award Category:	Master's	PhD
Eligibility criteria:		
Please review carefully the eligibility of	criteria:	
The available annual income will be u	sed to offer one sc	holarship to a graduate student who:
Faculty of Graduate Studies; 3) has achieved a minimum grade 4) has demonstrated leadership ar	and year or higher in point average of 3.5	; n a thesis-based Master's or Doctoral program offered by the s based on the last 60 credit hours (or equivalent) of study; an impact on the world through science, and embodies a pioneering
spirit; and 5) whose primary advisor is a facul	tv member of the R	ady Faculty of Health Sciences.
,	•	No
The applicant meets all the eligibility co	iteria. Tes	140
The following are assembled in order ir	a single PDF file in	this order with file name "department/college - applicant surname":
Application Form (this docum	ent)¹.	
The applicant's curriculum vit	ae.	
Copies of the applicant's grad to be validated by the student		duate academic transcripts (online transcript need lege).
One letter of support from th	e applicant's adviso	or.
A written statement (maximum 500 words) from the applicant describing their current research.		
Applicant's Signature:		Advisor's Signature:

¹This document needs to be printed as PDF (e.g. Microsoft Print to PDF) to preserve the signatures. After printing as PDF, you can combine all the files together.