



**UNIVERSITY OF TORONTO**  
**FACULTY OF MEDICINE**

**APPLICATION FOR**  
**HELEN MARION WALKER - SOROPTIMIST WOMEN'S HEALTH RESEARCH SCHOLARSHIP,**  
**THE WOMEN'S COLLEGE RESEARCH INSTITUTE**  
**2022-2023**

**Student Name (surname, first name and initial):**

**Home Mailing Address::**

**E-mail Address:**

**Phone #:**

**Student Number:**

**University Department:**

**Location of Research (University Building / Hospital / Research Institute name or off campus location)**

**Degree Program:**

M.Sc. Year: at time of tenure of award

Ph.D. Year: at time of tenure of award

Post-Doctoral  
Year: at time of tenure of award

**Attachments:**

**Description of Research:**

Attach, in easily understandable terms, a 1 – 2 page summary of research project, including details of:

- (i) Interdisciplinary aspects of the research, if any;
- (ii) How the research advances knowledge of women's health;
- (iii) How being associated with The Women's College Research Institute will contribute to the research.

**Curriculum Vitae**

**Transcripts:**

First year M.Sc. students - attach all undergraduate degree transcripts  
Current M.Sc., Ph. D. or Post-doctoral students – attach all undergraduate, graduate and post-doctoral transcripts or academic achievement records

**Letters of support:**

**For new applicants:** Attach 2 letters, including 1 letter of support from current supervisor  
**For renewal applicants:** Attach 2 letters, including 1 from your department head and 1 from your advisory committee confirming that your research is progressing on a timely basis, and that you are continuing to demonstrate excellence in pursuing the advancement of knowledge through research in women's health.

**Declaration**

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Student:	Signature	Printed name	Date
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**Signatures**

Supervisor:	Signature	Printed name	Date
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Graduate Coordinator:	Signature	Printed name	Date
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**Forward completed application package with attachments to Maya Strasser, Research Operations Coordinator, Women's College Hospital. [Maya.Strasser@wchospital.ca](mailto:Maya.Strasser@wchospital.ca)**