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THE CEDARS CANCER INSTITUTE

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February 17th, 2010

Dear Health-Care Professional,

Please find attached an application form for the 2010 Henry R. Shibata Cedars Fellowship Award.

The Cedars Cancer Institute provides these awards annually to deserving young scientists working in the area of basic or clinical research of Oncology at the McGill University Health Centre (MUHC).

The H R. Shibata Cedars Fellowship Award is one of many ways in which Cedars has been involved in improving the care and treatment of patients battling cancer. Since its inception in 1966, the combined efforts of the Cedars Cancer Institute along with its many generous donors, over 30 million dollars has been raised to benefit oncology patients at the MUHC.

Much needed funds have been provided for the following activities:

1. Diagnostic and therapeutic equipments
2. Renovations of Oncology clinics and wards
3. Cancer research and continuing education
4. Cedars CanSupport Psychosocial support programs
5. Humanitarian and practical assistance to patients and their families

This fellowship is meant to provide young applicants through their supervisors with the means to pursue their research activities to the best of their abilities. Please feel free to apply or pass this application on to any worthy applicants who may be interested in this fellowship in oncology research.

Please mail the following documents to the coordinates mentioned below:

1. Eleven (12) copies of the original application (Typed)
2. Two (2) letters of recommendation from the director of your research or others
3. Twelve (12) copies of your Curriculum Vitae – To include information on teaching and research positions, list of publication, certificates, awards, scholarships, memberships etc...

The Cedars Cancer Institute
Henry R. Shibata Fellowship Award
c/o Andale Evans

2155 Guy Street, Suite 900

Montreal, Quebec H3H 2R9

OR by email to: andale.evans@muhc.mcgill.ca

For more information please see our website at www.cedars.ca

****ALL APPLICATIONS MUST BE TYPED****

The application deadline is **Friday, April 1st, 2010 at 12:00 p.m.**

With best personal regards,

Dr. Henry Shibata, MD
Chairman, Medical Advisory Committee





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HENRY R. SHIBATA CEDARS FELLOWSHIP AWARD APPLICATION

Name of Applicant

Salutation: Mr. Ms. Dr. Mrs.

Permanent Address

City/Province

Postal Code

E-mail

Home

Cell

Office

Birth date (yyyy/mm/dd)

Social Insurance Number

Topic/Research Area

In no more than 300 words, kindly explain/summarize your proposed research topic (You may attach this portion with your application if this is not sufficient space).





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The aim of the Henry Shibata Cedars Fellowship is to help health professionals in their training. If they are meritorious and have not obtained funds from granting agencies or from other sources, they will be considered for a FELLOWSHIP.

Requirement: At the end of the FELLOWSHIP, a brief summary of work accomplished and future goals should be submitted to the Chairman of the Medical Advisory Committee.

All applicants submitting an application **MUST** be conducting research and a clinical year in topics related to Oncology.

A letter specifying where the research will be conducted and under the supervision of whom is important. If applicant intends on traveling outside of Quebec to conduct the research, the supervisor must indicate if the applicant will be appointed to work at the MUHC upon his/her return.

ACKNOWLEDGMENTS: Publications resulting from the efforts of the fellowship should bear an acknowledgement to the Cedars Cancer Institute of the MUHC.

Amount Requested: \$ _____

Signature: _____ **Date:** _____

Please check this box if you have already received a Cedars Fellowship award in the past.

I have now received _____ (NUMBER) award(s) from Cedars in _____ (YEAR).

I have never received a Fellowship award from Cedars. This is my first attempt to receive an award.

Kindly indicate if you plan to travel for your project and indicate if you will be returning to practice at the McGill University Health Centre (MUHC).

Departure Date: _____ Returning Date: _____

The applicant is responsible for submission of a complete application (**fully typed**) prior to the **April 1st, 2009** deadline. The complete application includes letters of recommendation, the original application and twelve (12) copies of the application. Incomplete applications will not be considered. The applicant is reminded that this application is a joint effort of the applicant and the sponsor.





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1. Present appointment or employer: (Title, Department, Institution)

2. Ultimate career goals:

3. Current interests or job development goals:

4. EDUCATION (List most recent first) universities attended:
 - a. University: _____
Degree: _____
Major: _____ Year: _____

 - b. University: _____
Degree: _____
Major: _____ Year: _____

5. EXPERIENCE - List (most recent first) any post-graduate medical training (i.e. Academic, Clinical and/or Research):
 - a. Institution: _____
Department: _____
Position: _____ Date: _____

 - b. Institution: _____
Department: _____
Position: _____ Date: _____





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6. TEACHING EXPERINCE (small group and/or Clinical teaching):

a. Institution: _____

Department: _____

Beginning Date: _____ End Date: _____

b. Institution: _____

Department: _____

Beginning Date: _____ End Date: _____

7. DISTINCTIONS & AWARDS (Three (3) most recent awards):

Award Name	Institution	Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

8. MEMBERSHIP (List any professional and/or scientific societies):

9. PUBLICATIONS – List papers published the last five (5) years. Only full-fledged peer review journals are to be listed. Give author, journal, page and year only; List Abstracts separately. (List on a separate sheet if necessary).

a. Author: _____

Journal: _____

Page: _____ Year: _____





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10. Name other agencies to which application for personal support has or will be made:

11. Name of supervisor, department, location and contact information at which applicant has arranged to carry out training.

12. Please list any other Fellowships and/or Grants, which you were previously awarded.

Name of award: _____

Organization: _____

Date: _____ Amount Awarded: \$ _____





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13. A letter from the applicant's supervisor is required, confirming applicant's acceptance and a critical appraisal of the proposed project.
14. Application to include letters of recommendation from two peers under whom the candidate has worked.

RECOMMENDATION #1

Name	Title
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Please indicate in what capacity you have known the applicant

Mailing Address	City/Province	Postal Code
-----------------	---------------	-------------

Business	Mobile	Other
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E-mail address	SIGNATURE
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RECOMMENDATION #2

Name	Title
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Please indicate in what capacity you have known the applicant

Mailing Address	City/Province	Postal Code
-----------------	---------------	-------------

Business	Mobile	Other
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E-mail address	SIGNATURE
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15. Signature of this document, confirms that applicant agrees to abide by the regulations governing the award, if granted:

** It is mandatory that a written progress report be forwarded to the Cedars Cancer Institute one (1) year following the receipt of the Fellowship award.

** Awarded applicants will be invited to receive public acknowledgement of their award at the 2010 Cedars Annual General Assembly as well as the MUHC Fellowship Banquet to take place in the Fall.

CERTIFICATION

I certify that the information recorded herein is complete and accurate. I recognize that any falsified documentation or evidence at the time, or subsequently found, will be basis for dismissal from the program. I hereby grant my permission to contact previous program directors, supervisors, or institutions cited in this application or appendices for further reference.

Dated at: _____ this _____ day of _____, 2010
Name of City

Signature: _____
Applicant's Signature





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16. APPLICATION REVIEWED BY: (Reserved for MAC members only):

Cedars MAC members please print your name here and sign below

NOTES: _____

SIGNATURE: _____

17. APPROVAL OF DEPARTMENT HEAD (For office use only):

APPROVED: _____ **NOT APPROVED:** _____

AMOUNT AWARDED: \$ _____ **DATE:** _____

SIGNATURE: _____

NOTES: _____

