



**Summership Grant Application
The Sjögren's Society of Canada
March 1, 2009**

Sjögren's Syndrome is an Autoimmune Disease that causes inflammation and loss of function and/or swelling of the Salivary and Lacrimal Glands. The disease is associated with systemic inflammation and multiple autoantibodies. Aside from the local damage to eyes, teeth and mouth, the disease can result in multiple systemic features and have a profound affect on quality of life.

The Sjögren's Society of Canada is offering two \$4000.00 grants to Undergraduate or Postgraduate specialty trainees in Dentistry, Optometry, Ophthalmology or Medicine for summer support research pertinent to Sjögren's Syndrome.

- The grants are aimed at providing summer salary support for any project that can be expected to be completed and result in an abstract or publication.
- Applicants must have the support of a qualified mentor.
- Applications must include a detailed project proposal.
- Applicants must hold Canadian Citizenship.

Application deadline will be **April 15, 2009** and candidates will be informed of the decision for support by **May 15, 2009**.

Submit fully completed application (below) to:

*Sjögren's Society of Canada Summer Studentship
c/o Dr. Arthur A. M. Bookman
Division of Rheumatology
Toronto Western Hospital/UHN
399 Bathurst Street, 1E-452
Toronto Ontario M5T 2S8*



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Application by Candidate

Name: Dr. ; Ms. ; Mr. _____, _____
Surname Given Name

Address _____
Street

_____ , _____ , _____
City Province Postal Code
Telephone () _____

Email _____

Date of Birth: _____
DD/MMM/YYYY

Professional Program: Dentistry
 Medicine
 Ophthalmology
 Optometry

Level of Training

Year of Graduation: Are you a Canadian Citizen? Yes No

University or School Program

Name of Mentor:

Title of Mentor:

(Attach copy of your CV)

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Title or Subject of Project:

Outline of Proposal:

Background Information:

Purpose of Project:

Methodology:

Outcome Measures:

Additional Support:

Estimated time to Completion:



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Mentor: _____

Title: _____

University of School Affiliation: _____

Address: _____
Street

_____, _____, _____
City Province Postal Code

Telephone _____

Email Address _____

Please outline briefly your own previous experience treating or investigating Sjögren's Syndrome?

Reference for Grant Candidate:

Name of candidate: _____

How long have you known the candidate?

What are the candidate's qualifications to complete the research proposal?

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Mentor (Continue)

Where will the candidate do his/her research?

Please describe the facility where this research project will be performed.

How often will you meet with the Candidate?

Will the candidate have any additional exposure to Sjögren's Syndrome during the term of this project?

Please list any additional grant support in place to support this research.

What is your time-table to see this project to completion?

Please attach a short version of your own CV

I agree to supervise and mentor the grantee, _____
to the completion of the research project.

Signed:

Signature _____

Place _____, Date _____