

RESIDENT RESEARCH FUNDING COMPETITION APPLICATION

Date: **Deadline: usually in October/November each year. To learn more, please email: pediatrics.research@ubc.ca**

Resident's Name and Signature:

Year:

1 2 3 4

Resident's Email:

Supervisor(s) Name and Signature:

Division:

Email:

Project Title:

Expected Completion Timeline: < 1 year < 2 years < 3 years

a) Project description and details in the box below: (Max 400 words-Size 11 font)

b) Project Budget: provide a description of the expense items and an estimated cost

Expense Item	Unit Cost	Total Cost
1.		
2.		
3.		
4.		
5.		
6.		
TOTAL REQUESTED:		

c) Justification and purpose of the expenses

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**
- 6.**

Research Committee Review:

Date:

TOTAL APPROVED

Email pediatrics.research@ubc.ca for application deadline

Applications received after the deadline will not be considered