



J.A Campbell Research Award

Celiac Canada
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Name:
 Title of Research:
 Amount Requested:

Demographics

Applicant (s): Surname, given names	Position	Department	Faculty
Institution	This grant, if awarded should be paid to (specify name of College/University or Hospital) and indicate address and Department to which the payment should be sent.		
Is this application a resubmission of a previously unsuccessful new application?			
Amount requested \$			
Indicate if proposal involves: Animal research Human subjects Human pluripotent stem cells Biological or chemical hazards (Appropriate documents must be provided – see last page)	Mailing Address of principal applicant Telephone: Email		
Signatures (please print name below signature)			
Applicant	Head of Department	Dean of Faculty	
_____	_____	_____	
_____	_____	_____	
Date:	Date:	Date:	

