



CAREER TRANSITION AWARD PROGRAM 2021

Name of **Applicant**, with credentials: _____

Institutional affiliation: _____

Mailing address:

Telephone: _____ FAX: _____ Email: _____

Signature: _____ Date: _____

Name of **Supervisor**, with credentials: _____

Institutional affiliation: _____

Mailing address:

Telephone: _____ FAX: _____ Email: _____

Signature: _____

Title of the Research Proposal: _____

Proposed Funding Start Date: _____

Name of **Institutional Research Grants Officer:** _____

Mailing address:

Telephone: _____ FAX: _____ Email: _____

Signature: _____ Date: _____

If funded, ALS Canada sends cheques to this person/address at applicant's institution:
