

The Roifman Family Scholar Award *For Senior Investigators*

LETTER OF INTENT

PRINCIPAL INVESTIGATOR INFORMATION					
Last Name:	First:	M.I:		Degree:	
Institution:	Department:				
Street Address:			Floor/Room:		
City:	Prov:	Postal Code:			
Phone:	Fax:	E-mail:			
Signature				Date:	

COLLABORATORS INFORMATION					
Last Name:	First:	M.I:		Degree:	
Institution:	Department:				
Street Address:			Floor/Room:		
City:	Prov:	Postal Code:			
Phone:	Fax:				
E-mail Address:					
Signature				Date:	

DESCRIPTION OF RESEACH
Title of grant:
Title of project:
Applying to Grant: <ul style="list-style-type: none"> <input type="checkbox"/> Senior Scientist (Grant from \$15,000-30,000, single site in Immunology) <input type="checkbox"/> Canadian Collaborations (Grant of \$30,000-60,000, multiple sites in Immunology) <input type="checkbox"/> International Collaborations (Grants from \$30,000-60,000, given between Canadian site and International site in Immunology)

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LAY SUMMARY

Please provide a brief (300 words maximum) description of your research project. Please include your scientific approach, highlighting the expected significance of the research in lay terms.

Submit this completed form to Immunodeficiency Canada at grants@immunodeficiency.ca