



TED ROGERS CENTRE FOR HEART RESEARCH

Education Fund 2022-23 Applicant and Supervisor Signature

Applicant Signature Block	
I certify that to the best of my knowledge all information in this application is accurate .	
Name (PRINT)	
Signature	Date (DD/MMM/YYYY)

Supervising PI Signature Block	
I support this application to the Ted Rogers Centre for Heart Research Education Fund Award Program and will supervise this candidate in my lab/clinic/area for the duration of this doctoral/postdoctoral fellowship award.	
I certify that to the best of my knowledge all information in this application is accurate and collaborators are aware of this application.	
Name (PRINT)	
Signature	Date (DD/MMM/YYYY)