



APPLICATION FORM — SANDRA E. BLACK AWARD IN CLINICAL DEMENTIA RESEARCH

1. Name: _____

2. Mailing Address: _____

3. Telephone: _____ Email: _____

4. Title of research project: _____

Research Supervisor(s) (Print): _____

Name of Department (Print): _____

Name of Department Chair (Print): _____

Endorsed by Department Chair
(Signature and supporting letter): _____



6. What are your contributions to the project? If the project is in its early stages, please list your planned contributions.

7. Are you registered with the Temerty Faculty of Medicine for the upcoming academic year (from 2025 to 2026)? Yes No

8. Are you a trainee at one of the TDRA partner sites (i.e., Baycrest, CAMH, Ontario Shores, Sunnybrook, UHT or UHN)? Yes No

Please state site: _____

10. Are you currently proceeding or planning to proceed to an additional degree? Yes No

If yes, give degree, institution and year expected.

11. What is your main field of interest?



Toronto Dementia Research Alliance
Executive Director: Tarek K. Rajji, MD, FRCPC
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Coordinating Centre: Centre for Addiction and Mental Health (CAMH)
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TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Signature of Applicant

Signature of Supervisor

Date