

Indigenous Learning Pathways to Prevention Award Full Application Form

| Student Applicant | | | |
|--------------------------------|--|--------------------------|--|
| Last Name: | | First Name: | |
| Email: | | Phone Number: | |
| Mailing Address: | | | |
| Institution | | | |
| Program of Study | | | |
| Period of Study Start Date: | | Anticipated End Date: | |

| Academic Mentor | | | |
|--------------------|--|---------------|--|
| Last Name: | | First Name: | |
| Email: | | Phone Number: | |
| Mailing Address: | | | |
| Institution: | | | |
| Department: | | | |
| Appointment/Title: | | | |

| Community-based Host Organization | | | |
|-----------------------------------|--|---------------------------------|--|
| Name: | | | |
| Mailing Address: | | | |
| Supervisor Last Name: | | Supervisor First Name: | |
| Email: | | Phone Number: | |
| Financial Admin. Last Name: | | Financial Admin. First Name: | |
| Email: | | Phone Number: | |

The completed form and other attachments should be saved on your own computer and then emailed as attachments to jdemia@ohsn.on.ca

Community-based Host Organization Information

Please briefly describe the purpose and mandate of your organization and its commitment to Indigenous communities.

Proposal Information

| | | | |
|-----------------------|--|--------------------|--|
| Title of the Project: | | | |
| Proposed Start Date: | | Proposed End Date: | |

Plain Language Summary *(maximum 500 words) Describe in lay language what you will do and why. This should be a high-summary of your project that can be shared publicly.*

Summary of Benefits to Indigenous People or Communities *(maximum 500 words)*

Briefly summarize how the outcomes of this project will advance knowledge, influence the health and well-being of Indigenous people living with or at risk of HIV and other STBBIs in Ontario and/or enhance the capacity of the agency partner to better respond to HIV/STBBI prevention or treatment needs in culturally safe ways.

Knowledge Translation and Exchange Plan *(maximum 500 words)* *Summarize how you will share the finding of this research with the community participants, the host agency, and other relevant parties.*

Attachments

Please indicate whether the following documents have been prepared and submitted to jdemia@ohsn.on.ca

| Required Documents | Included | Date Submitted |
|---|----------|----------------|
| 1. Research Plan (3-5 pages, plus references) | | |
| 2. Timeline (1 page) | | |
| 3. Detailed budget | | |
| 4. Commitment letter from host organization | | |
| 5. Academic mentor's CV | | |
| 6. Academic mentor's letter of support | | |
| 7. Student resume | | |

For any questions about this application and the required attachments, Jessica Demeria can be reached by phone at 877-743-6486 x2215.

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