Family & Community Medicine
UNIVERSITY OF TORONTO

Tuition Support for Clinical Faculty

Applicant Information

Title:	Given Name:	Family Name:
Email:		Phone Number:
Faculty Rank:		Appointment Type: ☐ Full-Time ☐ Part-Time
Hospital Affiliation:		

Program Information

Graduate Programs

Type of Degree: ☐ Research ☐ Professional	Status: ☐ Full-Time Study ☐ Part-Time Study
Name of Degree:	
Name of University:	

Certificate Programs

☐ Clinical Research Certificate	☐ Clinical Teacher Certificate

Other Funding Sources

Please list all other sources of support funding you have received or expect to receive:

Source:	**Amount Received:**

Declaration

1. I agree that all statements made in this application and all information in any material that will be filed in support hereof are true, correct and complete.
2. I will immediately notify DFCM, if any details change that would disqualify me from continuing to receive support.
3. I understand that DFCM reserves the right to reassess or cancel my tuition support as it sees fit.

Signature: _____ Date: _____

Application Checklist

- ☐ Application Form
- ☐ Copy of paid invoices (for graduate programs)
- ☐ Letter from Hospital Site Chief confirming matching funds (for professional degrees and certificate programs)

Please submit applications to

Academic Fellowship and Graduate Studies Program
500 University Avenue, 5th Floor
Toronto, Ontario M5G 1V7
Email: familymed.grad@utoronto.ca

For DFCM use only:

Verified Eligibility: ☐ Yes ☐ No	Amount Awarded: $
Processed By:	Authorized By:
Processing Date:	Authorization Date: