



CANADIAN SOCIETY OF ATHEROSCLEROSIS, THROMBOSIS AND VASCULAR BIOLOGY  
SOCIÉTÉ CANADIENNE D'ATHÉROSLCÉROSE, DE THROMBOSE ET DE BIOLOGIE VASCULAIRE

**CSATVB NEW INVESTIGATOR GRANT-IN-AID  
SUBVENTION DE LA SCATVB POUR NOUVEAU CHERCHEUR**

**Please complete this form**

**Applicant's name :** .....

**Faculty appointment :** .....

**Department :** .....

**Street address:** .....

.....

**City:** ..... **Province:** .....

**Postal code:** ..... **Phone:** .....

**Fax:** ..... **Email:** .....

**Title for the proposed project :** .....

**Please check the appropriate sentence :**

I am a **current associate member** of CSATVB in good standing

I have **submitted an application for CSATVB membership** prior to September 1 of the current year.

**I hold my first faculty appointment since :** ...../...../..... (month / day / year)

**I have read the CSATVB rules related to this CSATVB Grant-in-Aid application.**

**Applicant's signature:** ..... **Date :** .....

**Please return this application, before September 1.**