**The Colin M. Parkes Scholarship
Application Form**

The *Colin M. Parkes Scholarship* will contribute to a piece of a larger project, or fund a small project that will lead to the development of a larger one, or fund a small self-contained project in the areas of research, clinical work, or education. Colin was active in the fields of disaster, violence, palliative care and bereavement and projects in these areas are encouraged but not required.

If interested in applying for the scholarship, please complete application and email it to info@iwgddb.com

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Title of Proposed Project: |
| Goal of the Project: |
| Description of the project:  |
| Sample: |
| Method: |
| Method of data analysis: |
| Is this a project already underway? Yes No  Does this project have another source of funding? Yes No  Has this project secured necessary permissions(e.g., from theinvolved agency, from an ethics review committee) ? Yes No    |
| If **No**, what is the plan for seeking such permission if needed?  |
| Comments: |