**JOSEPH Y. CHU MEDICINE PROFESSIONAL CORPORATION**

**DR. JOSEPH Y. CHU, MD, FRCPC, FACP, FAHA, FAAN**

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**APPLICATION FOR SUMMER STUDENT RESEARCH PROGRAM OF CHINESE CANADIAN HEART AND BRAIN ASSOCIATION (CCHABA)**

Please complete all questions in this application form along with a supporting letter by your research project supervisor before **March 31st** to:

**DR. JOSEPH Y. CHU, CHAIR OF RESEARCH OF CCHABA**

[**jychu@rogers.com**](mailto:jychu@rogers.com)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_(DD/MM/YEAR) EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIVERISTY/COLLEGE attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEARS COMPLETED: 1/2/3/4/5/6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREES OBTAINED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESEARCH WORK EXPERIENCE: YES/NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE OF RESEARCH PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME and EMAIL OF SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSTITUTION/ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**START & COMPLETION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANY ADDITIONAL FUNDING SUPPORT: YES/NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT DESCRIPTION (Hypothesis, Research questions, Methodology, Statistical analysis):**

**EXPLAIN HOW YOUR RESEARCH PROJECT WILL BENEFIT PATIENTS AFFECTED BY HEART AND/OR NEUROLOGICAL CONDITIONS?**

**RESEARCH EXPERIENCE: Please list ALL previous research experience and names of supervisor/mentor.**

**REFERENCES: Please provide the names of 3 references and their contact emails.**

Yours truly,

A close up of a signature

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Joseph Y. Chu, MD, FRCPC, FACP, FAHA, FAAN

Assistant Professor of Medicine (Neurology)

University of Toronto, Canada

Chair of Research, Chinese Canadian Heart and Brain Association (CCHABA)

[www.heartbrain.ca](http://www.heartbrain.ca)

07/2024