



Africa Initiative Graduate Research Grant Application Form

Submit completed application form and all application materials to
aiexchange@cigionline.org

Last Name: _____

Given Name(s): _____

PERSONAL INFORMATION

Gender ☐ Male ☐ Female

Date and place of birth _____

Citizenship _____

Nationality _____

CONTACT INFORMATION

Unit/Apartment No.: _____

Street Name: _____

City: _____

Province/State: _____

Country: _____

Postal Code: _____

Telephone: _____

Email: _____

ACADEMIC AFFILIATION

Enter details of your current institution and program

Home Institution: _____

Faculty: _____

Program of Study: _____

Level:

☐ Master's

☐ PhD

Research topic/title _____

Courses taken in current program _____

Expected completion date _____

ACADEMIC BACKGROUND

Enter details of all post-secondary institutions attended

Institution _____

From Date _____ To Date _____

Address _____

Highest year/level achieved _____

Program studied _____

Degree/diploma status ☐ In Progress ☐ Complete ☐ Withdrawn

Degree/diploma date _____

Institution _____

From Date _____ To Date _____

Address _____

Highest year/level achieved _____

Program studied _____

Degree/diploma status ☐ In Progress ☐ Complete ☐ Withdrawn

Degree/diploma date _____

RELEVANT RESEARCH AND/OR WORK EXPERIENCE

List research and work experience relevant to your proposal in reverse chronological order; start each new item with the corresponding year

Year	Title/Position	Research/Project/Program Name	Details

GENERAL RESEARCH INFORMATION

Enter details of the research project for which funding is requested

Research/project title _____

Host University _____

Abstract: provide an abstract of the research for which funding is requested

List names of universities, NGOs, think tanks, and institutions you will be visiting while in Canada

1. _____
2. _____
3. _____
4. _____
5. _____

List names of professors, researchers, academics, and practitioners you will be connecting with while in Canada; include title, department, institution, phone number and email address of each individual;

1. _____
2. _____
3. _____
4. _____
5. _____

RESEARCH INFORMATION

Provide a brief outline of the proposed objective, action plan and expected results of the research the proposed travel is intended to support

PRELIMINARY TIMELINE

Provide a preliminary timeline of the intended research

[illegible]

PROPOSED BUDGET

Provide an itemized list of proposed expenses

[illegible]

DECLARATION

Have you ever been denied an entry visa anywhere?

☐ Yes

☐ No

If yes, provide the country/countries and the reason for denial(s)

Have you ever been denied entry to a foreign country?

☐ Yes

☐ No

If yes, provide country/countries and the reason for denial(s)

Have you ever been deported or expelled from a foreign country?

☐ Yes

☐ No

Do you have a criminal record?

☐ Yes

☐ No

I declare that the information in this application is correct and complete. I acknowledge that if evidence of misrepresentation or fraudulent or falsified documentation is found, CIGI reserves the right to revoke any offer or funding or support or to require the applicant to withdraw from the program.

I understand and accept that CIGI may disclose evidence of any misrepresentation or fraudulent or falsified documentation to my home institution.

Applicant signature

Date