

## HEART AND STROKE FOUNDATION OF ONTARIO MASTER'S STUDENTSHIP AWARDS PROGRESS REPORT

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The following is a progress report template for the Heart and Stroke Foundation of Ontario (HSFO) Master's Studentship Award. Its purpose is threefold: 1) to track the progress of applicants supported by the Master's Studentship Award, 2) to update any changes in awardees' contact information, and 3) to aid in the evaluation of the Heart and Stroke Foundation of Ontario Master's Studentship Award program.

### Instructions:

1. Unless otherwise stated, please limit your report to research activities between **July and April**.
2. Once completed, please have your **primary supervisor** include a letter (see section H for details) and review your progress report. On the last page of the progress report you must indicate that it has been reviewed by your primary supervisor.
3. Please forward the **completed and reviewed progress report and letter from your primary supervisor** no later than **April 30** to:

Paul Martin, Associate Manager Research Administration  
Research Health Promotion Department  
Heart and Stroke Foundation of Ontario  
2300 Yonge Street, Suite 1300  
Toronto, Ontario M4P 1E4  
Fax: 416-489-7003

*Please note: All responses will be strictly confidential, according to the requirements of the Heart and Stroke Foundation of Ontario and the Personal Information Protection and Electronics Document Act (PIPEDA).*



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**SECTION A: CONTACT INFORMATION & PERMANENT ADDRESS**

Family Name	Given Name	Middle Initial
Primary Email Address		Alternate Email Address <i>(if applicable)</i>
Address		
City		Province/State <i>(Canada/US only)</i>
Country		Postal/Zip Code <i>(Canada/US only)</i>
Telephone <i>(xxx-xxx-xxxx)</i>	Extension <i>(if applicable)</i>	Fax <i>(xxx-xxx-xxxx)</i>
Alternate Telephone <i>(xxx-xxx-xxxx)</i>	Alternate Extension <i>(if applicable)</i>	Alternate Fax <i>(xxx-xxx-xxxx)</i>

During the period covered by this progress report were there any changes to your **contact information**?  
*(please select one)*

Yes  
 No

During the period covered by this progress report was there a change in your **permanent address**?  
*(please select one)*

Yes  
 No

**SECTION B: MAILING ADDRESS**

Complete this section only if your mailing address is **different** from your permanent address.

Address		
City		Province/State <i>(Canada/US only)</i>
Country		Postal/Zip Code <i>(Canada/US only)</i>
Telephone <i>(xxx-xxx-xxxx)</i>	Extension <i>(if applicable)</i>	Fax <i>(xxx-xxx-xxxx)</i>

Which address would you prefer to use for **future** correspondence? *(please select one)*

Mailing Address  
 Permanent Address

**SECTION C: AWARD INFORMATION**


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 Name of **Primary** Supervisor
 

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 Department
 

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 Institution
 

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**SECTION D: PROJECT PROGRESS AND RESULTS**

1. Please tell us the title of your research project.

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2. Please estimate what proportion of your research falls under the following **four pillars of health research**.

%

Basic Biomedical

Clinical

Health Services/Systems

Population/Behavioral

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100%

3. For the period covered by this progress report, please answer the following: (500-750 words or less)

- The research objectives from your **original** application
- The work that has been accomplished to date, including **research training** such as course work completed, seminars attended, research practicum, etc
- Changes if any to the original objectives, why these changes occurred and any impact these changes may have had on your research project

4. Please provide any additional comments you may have regarding the progress of your project during the period covered by this report.

**SECTION E: KNOWLEDGE SHARING**

If applicable, for the period covered by this progress report, please list and categorize your peer reviewed and non-peer reviewed publications, abstracts, presentations and other research contributions.

**SECTION F: FUTURE PLANS**

1. a) Upon completion of your Master’s degree, do you intend to continue your career as a **cardiovascular or cerebrovascular researcher**? (please select one)

Yes  
 No

b) Why/Why not?

c) Upon completion of your Master’s degree, what career path do you intend to pursue? (please select as many as apply)

PhD  
 Medical School  
 MD/PhD Program  
 Industry  
 Employment in academia (e.g. clinical research personnel, technician, etc)  
 Other

If Other, please describe

**SECTION G: SUPERVISOR INFORMATION**

1. A letter from your primary supervisor containing the following information must be included with the progress report (500 words or less):
- Changes if any from the original research application
  - Appraisal of the awardee’s progress and a statement describing the nature of any work carried out or proposed by the awardee apart from the designed research activity

**SECTION H: HEART AND STROKE FOUNDATION OF ONTARIO’S MASTER’S STUDENTSHIP AWARD PROCESS**

1. On a scale of 1-5, with 5 being very satisfied, please indicate (x) your level of satisfaction with the Heart and Stroke Foundation of Ontario Master’s Studentship program.

Very unsatisfied      Very satisfied  
 1       2       3       4       5

2. Please provide any additional comments you may have regarding the Heart and Stroke Foundation of Ontario Master's Studentship program.

3. Please indicate (x) if your **primary supervisor** has reviewed your **completed** progress report.

Thank you!