

OSLER LIBRARY OF THE HISTORY OF MEDICINE  
McGill University

Application for the  
MARY LOUISE NICKERSON TRAVEL GRANT

1. Short title of your project: \_\_\_\_\_

2. Applicant's name: \_\_\_\_\_  
(last) (first)

3. Present affiliation: \_\_\_\_\_  
(title)  
\_\_\_\_\_  
(department)  
\_\_\_\_\_  
(institution)  
\_\_\_\_\_  
(city, province/state, postal code/ZIP, country)

4. Mailing address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city, state or province, ZIP or postal code, country)

5. Telephone: \_\_\_\_\_  
(work) (home/cell)

6. E-mail address: \_\_\_\_\_

7. Education: Highest degree earned (please include a complete educational history in your CV, item 10):  
\_\_\_\_\_  
(degree) (field)  
\_\_\_\_\_  
(institution)

8. References Provide contact information for two people who will be sending letters of recommendation:

A. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(affiliation)  
(phone) (email)

B. \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(affiliation)  
(phone) (email)

10. Curriculum Vitae: