**Seniors Health 2021 Summer Studentship Application Form**

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| **Applicant Information** |
| First Name | Initial | Last Name |
| Research Project Title |
| Address | E-mail |
| City | Province | Postal Code | Phone (Home) | Phone (Cell) |
| Institution (presently registered) | Degree Program/Discipline |
| Year of Study(current) | Start Date dd/mm/year | End Date dd/mm/year | GPA |
| If you are graduating, where and in what program will you be enrolled in Fall 2021? |
| **Supervisor Information** |
| Name | Email | Telephone | Fax |
| Institution | Program (Faculty/Department/Division; Faculty) |
| Address | City | Province | Postal Code |

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| **Project Information** |
| **The Project description included in this application was written by whom? Please indicate which most applies:**🞏 Student led 🞏 Supervisor Led 🞏 Combination of Student and Supervisor🞏 Other:  |
| **Briefly describe the research project. (750 words or less)** |
| **Describe the project’s application to the Seniors Health SCN mandate. (200 words or less)** |
| **Describe the student’s role in the research project. (200 words or less)** |
| **Describe how this project complements the student’s long-term career plans? (200 words or less)** |
| **Describe the training environment to be provided by the supervisor and host institution. (200 words or less)** |
| **Application Checklist:** 🞏 Application Form🞏 Applicant CV (4-page maximum) 🞏 Supervisor’s CV (4-page maximum)🞏 Scanned Copies of Official Transcripts (all years of undergraduate completed)🞏 Letter of Support from supervisor |
| **Ethics** |
|  🞏 REB approval obtained  Please list institution and certificate number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 REB submission pending 🞏 REB approval not required |
| **Summer Studentship Timelines** |
| Summer StudentshipStart Date of thedd/mm/yyyy | Summer StudentshipEnd Datedd/mm/yyyy | Requested Duration of Studentship Period Months | Time dedicated toSummer Studentship Hours/week |
| **Proposed timelines of the Summer Research Project:** |
| **Signatures** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Applicant Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Date |
| Please carefully read all instructions and include all necessary documents.Incomplete applications will not be reviewed.It is the student’s responsibility to ensure that the materials have been successfully submitted. |