|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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, what program will you be enrolled in for Fall 2023? (Please list University and degree program) | | | | | | | | | | | | | |
| Have you experienced any barriers or leaves of absence which you would like reviewers to be aware of in reviewing your academic record? | | | | | | | | | | | | | |
| **Supervisor Information** | | | | | | | | | | | | | |
| Supervisor’s Name | | Email | | | | | | | Telephone | | | | Fax (if applicable) |
| Institution | | Program(Department/Division; Faculty) | | | | | | | | | | | |
| Funded Project | | | | | | | | | | | | | |
| Address | | City | | | | | | | | Province | | Postal Code | |
| Have you experienced any barriers or leaves of absence which you would like reviewers to be aware of in reviewing your credentials as an academic supervisor? | | | | | | | | | | | | | |
| **Location of Summer Research (if different from supervisor information)** | | | | | | | | | | | | | |
| Supervisor’s Name | | | Email | | | | | | Telephone | | | | Fax |
| Institution | | | | | | Location of Research Space | | | | | | | |
| Program(Department/Division) | | | | | | | | |  | | | |  |
| Address | | | City | | | | | | Province | | | | Postal Code |
| **Project Information** | | | | | | | | | | | | | |
| **How many months of funding are you applying for?**  4 (max)  Other: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Briefly describe the research project. (750 words or less)** | | | | | | | | | | | | | |
| **Describe the project’s application to the Emergency SCN mandate. (200 words or less)** | | | | | | | | | | | | | |
| **Describe whether the project will consider issues related to equity, diversity and inclusion (EDI), and if so, how it will do so. If it is not appropriate to address EDI in this project, please explain why this is the case. (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 provided by the supervisor and host institution.**  **(200 words or less)** | | | | | | | | | | | | | |
| **Undergraduate Summer Studentship Research Training Awards Checklist:**  Application form (Page 1)  Applicant CV (4-page maximum)  Supervisor’s CV (4-page maximum)  Official transcripts (all years of Undergraduate Study)  One letter of reference (may be from the supervisor)  Supervisor’s letter of supervisory support (if reference letter not from  supervisor)  The Strategic Clinical Networks (SCNs) and Provincial Programs are collecting information to understand the demographic diversity of the applicants to our Scientific Office funding competitions. All SCNs and Provincial Programs are participating in this learning initiative. The data is anonymous; will not be linked to individuals; and will not be available for, or used in, determining funding competitions. Further information is provided within the survey preamble. Please follow the link below to the survey:  <https://redcap.albertahealthservices.ca/surveys/?s=M78XHMM4KT4HWDTW>  Please check the following box to confirm you have completed the demographic survey:  Those who are awarded funds will be asked to complete a separate awardee demographic survey. | | | | | | | | | | | | | |
| **Ethics** | | | | | | | | | | | | | |
| **The project requires:**   HREB approval obtained  HREB submission pending  N/A (literature reviews)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Submission Information** | | | | | | | | | | | | | |
| Completed applications must be sent electronically **as a single PDF** to the ESCN at [emergency.scn@ahs.ca](mailto:emergency.scn@ahs.ca) no later than Jan 31, 2023. Please indicate “2023 ESCN Studentship Application – Student Last Name” in your email subject line. **Applications not submitted as a single PDF will be returned for resubmission.**  For more information contact:  **Patrick McLane, PhD**  **Assistant Scientific Director**  **Emergency Strategic Clinical Network**  **e-mail:** [**patrick.mclane@ahs.ca**](mailto:patrick.mclane@ahs.ca) | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | |