

Seniors Health Strategic Clinical Network™

## Seniors Health Strategic Clinical Network™ 2019 Undergraduate Summer Studentship Competition Application Form

Applicant Information								
First Name			Initial	Last N	_ast Name			
Research Project Title								
Address					E-mail			
City	Province Pos		al Code	Phon	Phone (Home)		none (Cell)	
Institution (presently registered)				Degr	Degree Program/Discipline			
Year of Study (current)	Start Date dd/mm/year dd/m		Date m/year	GPA	GPA			
If you are graduating, where and in what program will you be enrolled in Fall 2019?								
Supervisor Information								
Name		Email			Telephone Fax			
Institution		Program (Faculty/Dep		epartm	partment/Division; Faculty)			
Address		City			Province	Po	ostal Code	

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 words or	how this project complements the student's long-term career plans? (200 less)
	the training environment to be provided by the supervisor and host  n. (200 words or less)
Application	on 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 Studentship Start Date of the	Summer Studentship End Date	Requested Duration of Studentship Period	Time dedicated to Summer Studentship							
dd/mm/yyyy	/mm/yyyy dd/mm/yyyy		Hours/week							
Proposed timelines of the Summer Research Project:										
Signatures										
Student Applicant		Date								
		_								
Supervisor		Date								
For Internal Use Only										
Date Received:	Application Complete: Yes No	Notes:								
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.										