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**2019 Undergraduate Summer Studentship Application**

**Deadline for Submission: January 18, 2019**

 Please read all instructions carefully and include all necessary documents.

 Incomplete applications will not be reviewed.

 It is the applicant’s responsibility to ensure that the materials have been successfully submitted.

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| **Applicant Information** | | | | | | | | | | | | | | | | |
| First Name | | | | | | | Initial | | Last Name | | | | | | | |
| Research Project Title | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | E-mail | | | | | | |
| City | Prov | | | Postal Code | | | | | | Phone (H) | | | | Phone (C) | | |
| Institution (presently registered) | | | | | | | | | | Degree Program/Discipline | | | | | | |
| Year of Study (current) | | | Start Date *(dd/Mon/yyyy)* | | | | | | | | End Date *(dd/Mon/yyyy)* | | | | | GPA |
| If you are graduating, what program will you be enrolled in for Fall 2019? *(please list University & degree program)* | | | | | | | | | | | | | | | | |
| **Supervisor Information** | | | | | | | | | | | | | | | | |
| Supervisor’s Name | | | | | | | | Email | | | | | | | Telephone | |
| Institution | | Program(Faculty/Department/Division; Faculty) | | | | | | | | | | | | | | |
| Funded Project | | | | | | | | | | | | | | | | |
| Address | | | | | City | | | | | | | Prov | Postal Code | | | |
| **Location of Summer Emergency Research (if different from supervisor information)** | | | | | | | | | | | | | | | | |
| Institution | | Location of Research Space | | | | | | | | | | | | | | |
| Program(Department/Division) | | | | | | | | | | | | | | | | |
| Address | | | | | | City | | | | | | Prov | | | Postal Code | |
| **Project Information** | | | | | | | | | | | | | | | | |
| How many months of funding are you applying for?   4 *(maximum)*  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 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) | | | | | | | | | | | | | | | | |
| **Ethics** | | | | | | | | | | | | | | | | |
| **The project requires:**  HREB approval obtained  HREB submission pending  N/A (literature reviews)  Other: | | | | | | | | | | | | | | | | |
| **How did you hear about the ESCN Summer Studentship Competition:**  Previously Funded Student  ESCN Member  Social Media  Academic Listserv  ESCN Website  Other Website  Other: | | | | | | | | | | | | | | | | |
| **Submission Information** | | | | | | | | | | | | | | | | |
| **Undergraduate Summer Studentship Research Training Awards Checklist**  Ensure the following documents are attached to your submission  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) | | | | | | | | | | | | | | | | |
| Completed applications and attachments must be sent electronically in PDF format to Dr. Patrick McLane at [patrick.mclane@ahs.ca](mailto:patrick.mclane@ahs.ca) no later than January 18, 2019. Please indicate “2019 ESCN Studentship Application – Student Last Name” in your email subject line. Applications not submitted as a single pdf will be returned for resubmission.  Successful applicants will be notified no later than March 4, 2019.  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 *(dd/Mon/yyyy)* | | | | |
| Supervisor | | | | | | | | | | | | Date *(dd/Mon/yyyy)* | | | | |