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| **2022 Undergraduate Summer Studentship Application Form**  **DEADLINE for Submission: Feb 1, 2022** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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 2022? (Please list University and degree program) | | | | | | | | | | | | | |
| **Supervisor Information** | | | | | | | | | | | | | |
| Supervisor’s Name | | Email | | | | | | | Telephone | | | | Fax (if applicable) |
| Institution | | Program(Department/Division; Faculty) | | | | | | | | | | | |
| Funded Project | | | | | | | | | | | | | |
| Address | | City | | | | | | | | Province | | Postal Code | |
| **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 Critical Care 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 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) | | | | | | | | | | | | | |
| **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 Dr. Samantha Bowker at [samantha.bowker@ahs.ca](mailto:samantha.bowker@ahs.ca) no later than Feb 1, 2022. Please indicate “2022 CC SCN 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:  **Samantha Bowker, PhD**  **Assistant Scientific Director**  **Critical Care Strategic Clinical Network**  **e-mail:** [samantha.bowker@ahs.ca](mailto:samantha.bowker@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. | | | | | | | | | | | | | |