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| **R. R. Singleton Summer Studentship Top-up Application** |
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| **APPLICATION DEADLINE:**  **Applications are due by 5pm on February 15 for a May – August term.** |
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| **Application Submission Instructions**  Please submit the application and supporting documents as one single PDF file to the McCaig Institute for Bone and Joint Health at [mccaig@ucalgary.ca](mailto:mccaig@ucalgary.ca).  **Application Submission Checklist**     |  |  | | --- | --- | |  | Completed application form | |  | One electronic copy of the applicant's academic transcript (unofficial copies are acceptable) | |  |  | |  | Letter of support from PI confirming a guaranteed up to 16-week summer studentship with minimum stipend of $7,500 ($1,875/month) | |

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| ***SUPERVISOR: PERSONAL INFORMATION*** | |
| 1. **SUPERVISOR NAME:**   Type Here | 1. **DEPARTMENT:**   Type Here |
| 1. **TELEPHONE:**   Type Here | 1. **OFFICE ADDRESS:**   Type Here |
| 1. **EMAIL ADDRESS:**   Type Here |
| ***APPLICANT: PERSONAL INFORMATION*** | |
| 1. **APPLICANT NAME:**   Type Here | 1. **PRESENT ADDRESS:**   Type Here |
| 1. **TELEPHONE:**   Type Here |
| 1. **EMAIL ADDRESS:**   Type Here |
| 1. **START AND END DATES OF YOUR DEGREE**   **PROGRAM:**   |  |  |  | | --- | --- | --- | | Select Start Date | **-** | Select End Date | | 1. **UNIVERSITY PRESENTLY REGISTERED AT and DEGREE PROGRAM / DISCIPLINE:**   *(e.g., University of Calgary, Biochemistry****)***  Type Here |

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| ***APPLICANT: ACADEMIC RECORD AND ACCOMPLISHMENTS*** |
| 1. **PLEASE LIST ANY SCHOLARSHIPS, AWARDS, PRIZES AND HONORS RECEIVED OR PENDING/APPLIED.**   *(Click the “****+****” to add additional rows – only visible when cursor is in a text box)*   |  |  |  |  | | --- | --- | --- | --- | | **NAME OF AWARD** | **RECEIVED OR PENDING** | **AWARD AMOUNT**  **(if applicable)** | **PERIOD HELD**  **(MM/YY – MM/YY)** | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | |
| 1. **LIST ALL RELEVANT RESEARCH EXPERIENCE.** (*Do not exceed allotted space.)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **FROM**  **(MM/YY)** | **TO**  **(MM/YY)** | **POSITION** | **INSTITUTION/ COMPANY/ CITY/ COUNTRY** | **SUPERVISOR NAME** | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | |
| 1. **LIST (a) THE PAPERS, AND (b) THE ABSTRACTS YOU HAVE PUBLISHED AND/ OR PUBLICATIONS IN PROGRESS,**   **PROVIDING COMPLETE REFERENCES, INCLUDING CO-AUTHORS, YEAR, TITLE, JOURNAL AND PAGE NUMBERS.**  *(Text box will expand as required. Please do not exceed one additional page.)*  Type Here |

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| ***APPLICANT: NEED FOR FINANCIAL SUPPORT*** |
| 1. **PLEASE TELL US HOW THIS TOP-UP AWARD WILL MAKE A DIFFERENCE IN YOUR EDUCATIONAL JOURNEY.**   *Maximum 500 words*  Type Here |

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| ***APPLICANT: COMMUNITY CONTRIBUTIONS AND ACTIVITIES*** |
| 1. **LIST ALL RELEVANT VOLUNTEERING EXPERIENCE AND HOW YOU HELP BUILD AND SUPPORT THE LOCAL COMMUNITY.**   *Maximum 500 words*  Type Here |

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| ***PROPOSED RESEARCH PROJECT (REQUIRED FOR ADMINISTRATIVE PURPOSE AND NOT PART OF SCORING)*** |
| 1. **PROJECT TITLE:**   Type Here |
| 1. **PROJECT DESCRIPTION:**   *Maximum 500 words*  Type Here |