

Graduate Scholarship Application Form

ALL APPLICATIONS MUST BE SUBMITTED TO THE HBI EDUCATION DIRECTOR BY E-MAIL TO hbi.education@ucalgary.ca NO LATER THAN MIDNIGHT OF THE DEADLINE DATE INDICATED ON THE AWARD TERMS OF REFERENCE. PLEASE SUBMIT THE APPLICATION AND RELEVANT SUPPORTING DOCUMENTS AS ONE SINGLE PDF FILE.

As a public body, the Hotchkiss Brain Institute (HBI) is regulated by the Freedom of Information and Protection of Privacy Act (FOIPP) of Alberta. As such, the information on this Personal Data page will be for internal use ONLY.

			Applicant In	formation:				
Full						UCID:		
Name:								
	Last	F	irst		M.I.		(if known)	
Address:								
-	Street Address					Apai	tment/Unit #	
	City		Prov/State	Country		Р	ostal/Zip Code	
Phone:			Email:					
Competitio	on applying for:	☐ <u>Graduate</u>	Student - MSc		☐ <u>Graduat</u>	<u>te Student</u>	<u>- PhD</u>	
			Aand C					
Nosco coloc	t all the award(s) you v	vich vou anniv	Award S	ection:				
riease seiec	t all the award(s) you v	visii you appiy	101.					
☐ HBI Gra	aduate Recruitment Sch	nolarship in Ne	urosciences	☐ Harley N. Hote	chkiss Doctor	al Scholars	hip in	
(MSc/PhD)				Neurosciences (P				
☐ Spinal C	Cord, Nerve Injury & Pa	in (SCNIP) Grac	luate Award	☐ HBI Internatio	nal Graduate	Recruitme	ent Scholarship	
(MSc/PhD)				(MSc/PhD)				
☐ Donald	Burns & Louise Berlin (Graduate Awar	ds in	☐ Mathison Gra	duate Recruit	tment Scho	larship in Mental	
Dementia A	Award (MSc/PhD)			Health (PhD)				
		Grad	luate Applica	nt Information	:			
A. Gro	iduate Program:		• • •					
Actual or a	nticipated start date of	f training progr	am (YYYY/MM)	:				
Anticinate	d completion date of tr	aining nrogram	, (YYYY/MM).					
Anticipated completion date of training program (YYYY/MM):								
Program/Faculty registered in:								
Proposed start date for award (YYYY/MM/DD):								

B. Academic Background:

Applicant's current and completed university programs – Append all university-level transcripts to this page. These can be copies signed by a university official or prospective supervisor and may be emailed to https://doi.org/10.1001/journal.org/https://doi.org/https://doi.org/<a href="http

Degree	University/Institutio	Country	Supervisor	Dates of E	nrolment
	n			From (YYYY/MM)	To (YYYY/MM)

C. Academic Interruption (if applicable):						
Include relevant academic interruptions in your career progress, please provide an explanation indicating the period and reasons for the interruption (i.e. Parental Leave, Bereavement Leave, Sabbatical, Work Experience). Describe how these interruptions have affected your career plan.						

From (YYYY/MM)	To (YYYY/MM)	Position	Institution/Company /City/Country	Su	pervisor's Name
Prizes/Honours/A	wards	Awarded by	Local/Provincial/National/Int	ernational	Year(s) Won/Held
		<u> </u>			
Append an out experiences th academic and	at you have acco research achieve	of your relevant academ mplished to date. Contri ments. Provide backgro	ic, leadership, work and/or re butions described in this sect und information on major so ge (please see instructions). Do	ion may incl cholarships o	ude academic, non- or award and their
	t accomplishment	s/experiences attached:]	Yes	□ No
rublication list att	aciieu.		L	Yes	□ No
		Supervisor	Information		
Primary Superviso	r name:				
		1			

_	e available to review and score applications o		
	Research Project		
Project Title			
Lay Abstract and Research Project	t Summary:		
Please make sure to include a lay a	t Summary: abstract and research project summary in the arch project summary shall not exceed one fu		act shall not e
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For Spinal Cord, Nerve Injury & Pain (SCNIP) applicants only: Describe the collaboration of your project between two or more members of the HBI, whose research falls within the mandate of the SCNIP Team

For	Mathison	Centre in	Mental	Health	applicants	only:	Describe	how	your	research	aligns	with	the	vision
(<u>htt</u>	os://hbi.uca	algary.ca/m	athison/a	<u>bout-us</u>)	of the Math	ison Ce	entre.							

Letters of Reference

All applications are required to identify at least 2 individuals who can submit a letter of reference. We recommend that one of the two be the current/propose supervisor but that is not required. It is advised that you provide the two strongest.

Name	Institution/Organization	Email Address

The letters of reference should be highlights the accomplishments of the applicants, ideally at least 3, that relate to the applicant's strengths or project, the benefit that the propose experience would provide the applicants towards their career goals, 1-3 areas of improvement for the candidate, and any mitigating circumstances or additional relevant comments.

All letters should be submitted by e-mail directly to hbi.education@ucalgary.ca by the stipulated deadline date.

Disclaimer and Signature

I agree to and accept the general condition governing any award made pursuant to the scholarship of this application as set out in the guidelines available for the above listed scholarship awards. In addition, the undersigned also agrees to adhere to the five principles of Open Science, that HBI Supports.

Signature of:	Printed Name	Date
Applicant		
Supervisor/Co-Supervisor		

^{*}By signing this application, supervisors agree to the terms for each award and confirm their matching support to maintain the guaranteed total funding as stipulated in the terms of reference for the duration of the award. As well, Supervisors and/or Co-Supervisors agree to be available to review and score applications on the studentship and Postdoctoral Award Committees, so long as you are free of any conflict of interests.

HBI Scholarship awards are governed by the Graduate Award Regulation and the Cumming School of Medicine Funding Policy, as such, trainees and supervisors are strangle advised to be aware of the guidelines within the policy upon application to HBI scholarship award competitions.