



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 Ir	formation:		
Full				UCID:	
Name:	Last	First	M		(if known)
	Lust	71130			(l) Kliowilly
Address:					
•	Street Address			A	Apartment/Unit #
_					
	City	Prov/State	Country		Postal/Zip Code
Phone:		Email:			
Competition	on applying for: \Box Gradu	<u>ıate Student - MSc</u>		☐ Graduate Stude	ent - PhD
		A	S1*		
Please selec	ct all the award(s) you wish you ap	Award S	section:		
riease selec	ct all tile awaru(s) you wish you ap	рргу тог.			
☐ HBI Gr	aduate Scholarship in Neuroscien	ces (MSc/PhD)	☐ Harley N. Hotch Neurosciences (Phl		arship in
☐ Spinal ((MSc/PhD	Cord, Nerve Injury & Pain (SCNIP))	Graduate Award	☐ HBI Internationa (MSc/PhD)	al Graduate Recruit	ment Scholarship
	Burns & Louise Berlin Graduate A Award (MSc/PhD)	wards in	☐ CaPRI Graduate	Student Award (M	Sc/PhD)
☐ T. Boor (MSc/PhD	ne Pickens Emerging Leaders Grad)	uate Scholarship	☐ Open Science St	udent Award (MSc	/PhD)
4 6::		iraduate Applica	ant Information:		
A. Gr	aduate Program:				
Actual or a	anticipated start date of training p	rogram (YYYY/MM):		
Anticipate	d completion date of training pro	gram (YYYY/MM):			
Program/F	Faculty registered in:				
Proposed	start date for award (YYYY/MM/D	D):			

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 hbi.education@ucalgary.ca as

Degree	University/	Country	Supervisor	Dates of E	Enrolment
	Institution			From (MMM/YYYY)	To (MMM/YYYY)
Include relevant acar reasons for the inter	uption (if applicable): demic interruptions in yo ruption (i.e. Parental Lea ffected your career plan.				
men aptions have a	Teeted your eareer plans				

D. Research			-					
From (MM/YYYY)	To (MM/	YYYY)	Position	1	Institution/ /City/Co		Su	pervisor's Name
		L						
E. University	Academic A	Achievements	(Prizes, Hon	ours, Award	ds) (Insert addi	itional pages	if needed)	:
Award/Prize/Hone	our Name	Awarded by		Local/Pro National/	vincial/ International	Annual Valu Award (if a		Last payment expected (Month/Year)
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Append an ou experiences the academic and	nat you hav research a	s page of you e accomplisheachievements	ed to date. . Provide ba	Contributio ackground	ns described i information o	in this sectio on major sch	n may inc iolarships	mplishments and/or lude academic, non-or award and their one typed page.
Outline of relevan	t accomplis						Yes	□ No
Publication list att	tached:						Yes	□ No
			Super	visor Info	rmation			
Drimany Suponica	or name:							
Primary Supervisor		ahla).						
Co-Supervisor nar	ne (it applic	abie):	11					

ATTACH SUPERVISOR(S) CCV at end of application (CIHR Project Biosketch CCV preferred).

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Project Title Lay Abstract and Research Project Summary: Please make sure to include a lay abstract and half a page in length and the research project Other information: Does your project involve: Use of Human Biohan Have you applied to another granting agency If yes, please identify the agency: Are sex (biological) or gender (socio-economic	Research Project esearch project summary in the	e attachment. The lay abstract	
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now these will be implemented into the exper	•	count in this proposal? If so, ple	ease describ
	nentai design.		

For specific awards (Optional)

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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 2, 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 (if any)			

^{*}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.