

## Graduate Scholarship Application Form

ALL APPLICATIONS MUST BE SUBMITTED TO THE HBI EDUCATION DIRECTOR BY E-MAIL TO [hbi.education@ucalgary.ca](mailto: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 (FOIPPA) of Alberta. As such, the information on this Personal Data page will be for internal use ONLY.*

### Applicant Information:

Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	UCID:	<input type="text"/>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		<i>(if known)</i>
Address:	<input type="text"/>			<input type="text"/>	
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<i>City</i>	<i>Prov/State</i>	<i>Country</i>	<i>Postal/Zip Code</i>	
Phone:	<input type="text"/>		Email:	<input type="text"/>	
Competition applying for:	<input type="checkbox"/> <u>Graduate Student - MSc</u>		<input type="checkbox"/> <u>Graduate Student - PhD</u>		

### Award Section:

Please select all the award(s) you wish you apply for:

<input type="checkbox"/> HBI Graduate Recruitment Scholarship in Neurosciences (MSc/PhD)	<input type="checkbox"/> Harley N. Hotchkiss Doctoral Scholarship in Neurosciences (PhD)
<input type="checkbox"/> T. Boone Pickens Emerging Leaders Graduate Scholarship (MSc/PhD)	<input type="checkbox"/> Donald Burns & Louise Berlin Graduate Awards in Dementia (MSc/PhD)
<input type="checkbox"/> PhD Research Excellence Graduate Scholarship (PhD)	<input type="checkbox"/> Open Science Student Award (MSc/PhD)
<input type="checkbox"/> Spinal Cord, Nerve Injury & Pain Graduate Award (MSc)	

### Graduate Applicant Information:

A. *Graduate Program:*

Actual or anticipated start date of training program (YYYY/MM):	<input type="text"/>
Anticipated completion date of training program (YYYY/MM):	<input type="text"/>
Program/Faculty registered in:	<input type="text"/>
Proposed start date for award (YYYY/MM/DD):	<input type="text"/>

**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](mailto:hbi.education@ucalgary.ca)

Degree	University/ Institution	Country	Supervisor	Dates of Enrolment	
				From (MM/YYYY)	To (MM/YYYY)

**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.

D. Research and other Relevant work experience of applicant:

From (MM/YYYY)	To (MM/YYYY)	Position	Institution/Company /City/Country	Supervisor's Name

E. University Academic Achievements (Prizes, Honours, Awards) (Insert additional pages if needed):

Prizes/Honours/Awards	Awarded by	Local/Provincial/ National/International	Annual Value of award (if any)	Last payment expected (month/year)

F. Applicant's Accomplishments

Append an outline to this page of your relevant academic, leadership, work and/or research accomplishments and/or experiences that you have accomplished to date. Contributions described in this section may include academic, non-academic and research achievements. Provide background information on major scholarships or award and their significance. Publications are to be listed on a separate page (please see instructions). Do not exceed one typed page.

Outline of relevant accomplishments/experiences attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Publication list attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Supervisor Information**

Primary Supervisor name:	
Co-Supervisor name (if applicable):	

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

PARTICIPATION OF SUPERVISOR IN EDUCATIONAL ACTIVITIES OF THE HBI (to be completed by supervisor)

Outline participation in HBI-related educational activities over the last 5 years, including student committee involvement, teaching/seminar activities, committee work relative to the educational mandate of the HBI, etc.

☐ By clicking here you 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.

Research Project

Project Title

**Lay Abstract and Research Project Summary:**

Please make sure to include a lay abstract and research project summary in the attachment. The lay abstract shall not exceed half a page in length and the research project summary shall not exceed one full page.

**Other information:**

Does your project involve:	Use of Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Human Subjects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Biohazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied to another granting agency for a similar award?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the agency:		<div></div>	

Are sex (biological) or gender (socio-economical) considerations taken into account in this proposal? If so, please describe how these will be implemented into the experimental design.

### For specific awards (Optional)

**For Open Science Student Award applicants only:** Please describe in the space provided how this project relates to the HBI Open Science mission

**For Spinal Cord, Nerve Injury & Pain (SCNIP) applicants only:** Describe the compatibility of your project within the mandate of the SCNIP.

### 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/proposed 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 highlight the accomplishments of the applicant, the applicant and project strengths, the benefits the proposed training experience provides the applicant towards their career goals, an area of improvement for the candidate, and any mitigating circumstances or additional relevant comments.

Both letters should be submitted by e-mail directly to [hbi.education@ucalgary.ca](mailto:hbi.education@ucalgary.ca) by the stipulated deadline date.

### Disclaimer and Signature

I agree to and accept the general conditions 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 applicable)		

\*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.

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