

## **Postdoctoral Scholarship Application Form**

ALL APPLICATIONS MUST BE SUBMITTED TO THE HBI EDUCATION DIRECTOR BY E-MAIL TO <a href="mailto:hbi.education@ucalgary.ca">hbi.education@ucalgary.ca</a> NO LATER THAN MIDNIGHT OF THE DEADLINE DATE INDICATED ON THE AWARD TERMS OF REFERENCE. <a href="mailto:please-submit-the-">PLEASE SUBMIT THE APPLICATION AND RELEVANT SUPPORTING DOCUMENTS AS ONE SINGLE PDF FILE.</a>

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.

	Applicar	nt Information:	
Full			UCID:
Name:	Last First	M.I.	(if known)
Address:			
-	Street Address		Apartment/Unit #
-	City Prov/State	Country	Postal/Zip Code
	City	Country	Fostal/Zip Code
Phone:	Email:		
	A	ud Coation.	
Planca calac	AWa t all the award(s) you wish you apply for:	rd Section:	
riease selec	it all the award(s) you wish you apply for.		
☐ Harley	Hotchkiss – Samuel Weiss Postdoctoral Fellowsh	nip Spinal Cord, Nerve Injury 8 Fellowship	& Pain (SCNIP) Postdoctoral
☐ HBI Inte	ernational Postdoctoral Recruitment Fellowship	☐ T. Boone Pickens Emerging	g Leaders Postdoctoral
		Fellowship	
	Inspires Postdoctoral Fellowship in Neuroscience	·	hip
L Mathiso	on Centre-Department of Psychiatry Postdoctora	3I	
1 Chowship			
	Postdoctoral A	pplicant Information:	
A. Pos	stdoctoral Program:		
Actual or a	inticipated start date of training program (YYYY/	MM):	
Anticipate	d completion date of training program (YYYY/MI	M):	
	start date for award (YYYY/MM/DD):	,	
B. Acc	ademic Background: ligible as a postdoctoral fellow at the University of the last five years immediately preceding the ap		
Date recei	ved PhD:		

rruptions have affec			it Leave, Sabbath	cal, Work Experie	ence). Describe how these
	,				
Research and other	Relevant work ex		nt:		
From	To	Position	Institution/		Supervisor's Name
YYYY/MM) (YY	YY/MM)		/City/Co	untry	
	<del></del>				
University Academic	c Achievements (	Prizes, Honours, Awa	ards) (Insert addit	ional pages if nee	eded):
zes/Honours/Award			Provincial/	Annual value o	
me		Nation	al/International	award (if any)	(month/Year)
				1.1	111

C. Academic Interruption (if applicable):

Include an updated CCV done in the University of Calgary Preferred style. You can find information <u>here</u>.

rimanı Cunanisası sasısı					
rimary Supervisor name:					
o-Supervisor name (if applica	able):				
TACH SUPERVISOR(S) CCV at	t end of application (CIHR Project Biosketch	CCV preferred	l <u>).</u>		
RTICIPATION OF SUPERVISO	R IN EDUCATIONAL ACTIVITIES OF THE HBI	(to be complet	ed by supe	rvisor)	
aching/seminar activities, cor	ated educational activities over the last 5 y mmittee work relative to the educational m ke a note of your EDIA contributions and tr	andate of the H	IBI, etc. <u>If y</u>	our stude	nt is applying
SERC.	Re a note of your EDIA contributions and the	anning prinosor	oriy, siiriilar	to the ric	Zi Section on
	Research Projec	t			
oject Title	-				
•					
y Abstract and Research Pro	ject Summary:				
ease make sure to include a la	ay abstract and research project summary	in the attachm	ent. The la	y abstract	shall not exce
	esearch project summary shall not exceed o				
	, , , , , , , , , , , , , , , , , , ,				
her information:					
	T., 6				
Does your project involve:	Use of Animals		Yes		No
	Human Subjects		Yes		No
	Diaharanda		Yes		No
	Biohazards		Vaa		
Have you applied to another	granting agency for a similar award?		res		No
	granting agency for a similar award?		Yes		No
Have you applied to another  If yes, please identify the ag	granting agency for a similar award?		res		No
, , ,	granting agency for a similar award?		Yes		No
If yes, please identify the ag	granting agency for a similar award? ency:			<u> </u>	
If yes, please identify the ag	ency: socio-economical) considerations taken int			<u> </u>	
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## For specific awards (Optional)

For Spinal Cord, Nerve Injury & Pain (SCNIP) applicants only: Describe how your research project falls within the mandate of the SCNIP Team
For HBI Inspires Postdoctoral Fellowship:  Do you identify as at least one of the following: a member of a racialized minority, Indigenous, LGBTQ2S+, a person with a disability and/or an individual from low socioeconomic backgrounds who were first generation postsecondary student?
☐ Yes ☐ No
Describe your personal connections with your community or heritage, how you have maintained them and how these connections, and your background and experiences, have helped your career and/or research. (One page limit)

Describe any environmental factors and/or systemic barriers that may have affected your productivity and/or career path. As well, please indicate if there were any mitigating circumstances contributing to research or academic success (COVID, childcare issues, parental leaves, etc.) (Half a page limit)
List any volunteer, leadership and/or work experience not already listed above and how it contributes to your academic/career development or connection to the community (Half a page limit)
For Open Science Fellowship applicants only: Please describe in the space provided how this project relates to the HBI Open Science mission

## **Letters of Reference**

All applications are required to identify 2 individuals who can submit a letter of reference. We recommend that one of the two be the current/propose supervisor. Note that incoming students/PDFs may prefer to provide reference letters from individuals who can speak more directly to their abilities.

Name	Institution/Organization	Email Address		

The letters of reference should focus primarily on the accomplishments of the applicant. Additional points to address could include the strengths of the proposed research, the benefit to the applicant for achievement of their career goals, context (e.g. for International students), and any mitigating circumstances.

All letters should be submitted by e-mail directly to <a href="mailto:hbi.education@ucalgary.ca">hbi.education@ucalgary.ca</a> 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 principles of Open Science supported by the HBI.

Signature of:	Printed Name	Date	
Applicant			
Supervisor*			
Co-Supervisor (if applicable)*			
co supervisor (ii applicable)			

<sup>\*</sup>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.