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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.**Application Submission Checklist**

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|[ ]  Completed application form  |
|[ ]  One electronic copy of the applicant's academic transcript (unofficial copies are acceptable) |
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|[ ]  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)*

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| **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 |
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| 1. **LIST ALL RELEVANT RESEARCH EXPERIENCE.** (*Do not exceed allotted space.)*

|  |  |  |  |  |
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| **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 |

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| 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 |