 **NRV SCN Summer Studentship Award 2024**

**APPLICATION FORM**

**DEADLINE: January 31, 2024 at 11:59 p.m. (MST)**

**Submit a single PDF electronic copy to:**

Dr. Kiran Pohar Manhas, JD, PhD

Assistant Scientific Director

Neurosciences, Rehabilitation & Vision (NRV) Strategic Clinical NetworkTM (SCN)

Alberta Health Services

[kiran.poharmanhas@ahs.ca](mailto:kiran.poharmanhas@ahs.ca)

**Late or incomplete applications will not be accepted or reviewed.**

**Ensure all required documentation is included.**

**Complete Applications consist of the following** (in a single pdf)**:**

Application Form

Applicant’s CV (2-page maximum)

Supervisor’s CV (2-page maximum)

Official Transcripts (all years of completed undergraduate work)

Supervisor’s letter of support

Acknowledge the SCN Funding Competition Demographic Diversity Survey

# SECTION 1: PERSONAL DATA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LAST NAME:** | | **FIRST NAME:** | | |
| **COMPLETE MAILING ADDRESS:** | | **CONTACT INFORMATION** | | |
| Telephone: | | |
| Email: | | |
| **PROGRAM OF STUDY** | | | | |
| **Institution (currently registered)** | | | **Degree Program/Discipline** | |
| **Year of Study (current)** | **Program Start Date (MM/YY)** | | **Expected Completion Data (MM/YY)** | **GPA** |

# SECTION 2: SIGNATURES

The undersigned accepts the general conditions governing any award made pursuant to the sponsorship of this application as set out in the guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name (Please Print):** | **Signature:** | **Date:** |
| **Student** |  |  |  |
| **Proposed Supervisor** |  |  |  |

# SECTION 3: PROPOSED RESEARCH TRAINING INFORMATION

|  |  |
| --- | --- |
| **Proposed Supervisor (Last Name, First Name):** | |
| **Current Primary Role & Position** | |
| **Primary Department & Institutional Affiliation** | |
| **COMPLETE MAILING ADDRESS:** | **CONTACT INFORMATION** |
| Telephone: |
| Email: |

# SECTION 4: PERIOD OF SUPPORT REQUESTED

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| --- |
| **Anticipated start and end date of summer award period (Period runs May-August):**  Start Date: End Date: |
| **Have you applied to another granting agency for a similar award? Yes**  **No**  If yes, identify sponsor and program:  Period of Support Requested: Start Date: End Date:  Notice of Decision: Awarded Not Awarded Pending (If awarded, append copy of sponsor’s Notice of Decision) |

# SECTION 5: PROJECT TITLE

# SECTION 6: CERTIFICATION REQUIREMENT

If the research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements much be met in accordance with the policies of ethical conduct of research.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does your research project require any certifications? Please indicate below:** | | | | | |
| *Human Ethics Approval*: | * Yes | * No | *Human Stem Cells* | * Yes | * No |
| *Animal Care Certification:* | * Yes | * No | *Biohazards:* | * Yes | * No |

# SECTION 7: STUDENT ACADEMIC RECORD

**STUDENT’S CURRENT AND COMPLETED UNIVERSITY PROGRAM(S)**

Append all University level transcripts to this page. *Only official University transcripts will be accepted.*

|  |  |  |
| --- | --- | --- |
| **Program**  **(Degree/Specialization)** | **Institution/City/Province** | **Expected or Program Completion**  **Date (MM/DD/YY)** |
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**UNIVERSITY ACADEMIC ACHIEVEMENTS (Prizes, honors, awards)**

Please indicate if there are none**.** Use additional pages if necessary.

|  |  |  |
| --- | --- | --- |
| **Prize/Honor/Award** | **Year Won/Held** | **Awarded By** |
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**ACADEMIC INTERRUPTIONS**

If there has been an interruption in your academic career, please provide an explanation indicating the period and reasons for the interruption. **Indicate if there have been no academic interruptions**.

# SECTION 8: PROPOSED TRAINING PROGRAM

**RESEARCH PROJECT SUMMARY.** Briefly describe the research project (including background and rationale for the project, research objectives and/or questions, proposed methods, and potential implications). (*750 words maximum*)

**ALIGNMENT WITH NRV SCN PRIORITIES.** Describe the project’s relevance and alignment with the NRV SCN mandate. Particularly identify which of the NRV SCN strategic priorities the proposed research aims to address, and elaborate the connections between the proposed work and the identified strategic priorities of the NRV SCN. ([NRV SCN | Alberta Health Services](https://www.albertahealthservices.ca/scns/Page13565.aspx)) (*300 words maximum*)

**TRAINING ENVIRONMENT.** Describe the space, facilities and personnel support which will be available to the student and the advantages of working in this environment. (200 words maximum)

**STUDENT ROLE.** Describe the student’s role in the research project, including expected activities over the summer studentship time period as well as a brief timeline. (*250 words maximum*)

**STUDENT GOALS.** Describe how this project advances the student’s long-term career plans? (*100 words maximum*)

# SECTION 9: APPEND THE LETTER OF SUPPORT

The letter of reference/support should highlight the student’s strengths as they relate to the suitability/ experience in research (e.g. critical thinking, independence, perseverance, originality, organizational skills, interest in discovery, communication skills). The letter should provide evidence of demonstrated behavior and interaction with the student.

# SECTION 10: APPEND THE SUPERVISOR’S CV (2-PAGE MAXIMUM)

Append the supervisor’s 2-page CV highlighting their training, role, research accomplishments, and experience in trainee supervision.

# SECTION 11: APPEND THE APPLICANT’S CV (2-PAGE MAXIMUM)

Append the applicant’s 2-page CV highlighting their education, training, awards/accomplishments, research and work experience, research accomplishments (including posters and publications), and relevant volunteer experience.

# SECTION 12: APPEND THE STUDENT’S OFFICIAL TRANSCRIPTS

Append the student’s official transcripts (pdf version, demonstrate institutional seal or watermark).

# SECTION 13: ACKNOWLEDGE THE SCN FUNDING COMPETITION DEMOGRAPHIC DIVERSITY SURVEY

The Strategic Clinical Networks (SCNs) and Provincial Programs are collecting information to understand the demographic diversity of the applicants to our Scientific Office funding competitions. All SCNs and Provincial Programs are participating in this learning initiative. The data are anonymous; will not be linked to individuals; and will not be available for, or used in, determining the outcome of funding competitions. Further information is provided within the survey preamble. Please follow the link below to the survey:

<https://redcap.albertahealthservices.ca/surveys/?s=M78XHMM4KT4HWDTW>

**Please check the following box to confirm you have completed the demographic survey:**

Those who are awarded funds will be asked to complete a separate awardee demographic survey.