

 Graduate Scholar Stipend Application Form, 2018-2019

Instructions:

The following should be submitted to the CRBLM by email to info@crblm.ca no later than November 1, 2018:

1. This application form, completed and signed by both the applicant and the primary advisor
2. The applicant’s CV
3. A letter of support from the primary advisor

\*Please note that although only one graduate stipend may be awarded per supervisor, there is no restriction on applications.

Project Title:

Graduate Applicant information:

Your full name:

Your department and institution:

Your email address:

Your level and year of study (for example, PhD3):

Please indicate any internal or external stipends you are receiving in for the 2017-18 year, including the dollar amount:

Project advisors:

**Primary advisor:**

Advisor’s full name:

Department and institutional affiliation:

Email address:

CRBLM member? Yes/No

**Co-supervisor, if applicable:**

Advisor’s full name:

Department and institutional affiliation:

Email address:

CRBLM member? Yes/No

NOTE: Please add additional supervisors or collaborators, if applicable.

Project Description:

Please include rationale, hypothesis, method, statistics, and expected outcome. The description should be written as an executive summary, in lay language. Describe the contribution of the study to the larger context of basic, clinical or applied research. **Maximum 1500 words.**

Interdisciplinary Value:

Please describe how the project maximizes interdisciplinary, across-axis collaborations among centre members.

**Maximum 1000 words.**

Industry, community, clinical groups collaboration:

If your project is linked to an external collaboration provide information here (type of collaboration and links with the external group).

Leave blank if not applicable.

Participation in CRBLM activities:

Please list your involvement with the CRBLM over the past year. You may include attendance at workshops and lectures, participation in reading groups, use of Centre resources, committee work, etc.

Applicant signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_