

Brain Tumour Research Studentship Application

Section 1 – Student Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

University: _____

Program of Study: _____

Applications will be considered from students in one of the following two categories. Please indicate which category you belong to, and attach proof of enrollment:

- Medical student without a PHD, currently in first year at a medical school in Canada.
- Undergraduate students who are enrolled in a Canadian post-secondary institution and have at least 2 consecutive summers remaining in their College or University program.

Please attach the following:

- A CV, including research experience and publications, where applicable.
- A statement answering the following two questions (maximum 200 words total)
 1. Why are you interested in brain tumour research?
 2. What will be the impact of receiving a brain tumour research studentship on your academic career?

Section 2 – Supervisor Information

First Name: _____ Last Name: _____ Designations: _____

Present Position: _____

Department: _____

Institution: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone: _____

Please attach a mini-CV for the last five (5) years only. Maximum – two (2) pages. The Biosketch needs to include Education, Honours, Professional Experience, Professional Activities and Publications. Please **do not** list any Publications, Presentations, et al prior to **2017**.

Please briefly describe the funding you have obtained to support this project. Indicate source of funds and year(s).

The PROPOSED SUPERVISOR is required to submit a letter stating acceptance of the applicant.

***Please note: Maximum of one award per lab, per year**

Section 3 – Reference Information

Three **additional letters** of reference are required (outside of Supervisor). All three individuals should be personally acquainted with the applicant and the applicant’s **professional work (Professors or Research Collegues)**. Direct colleagues or personal acquaintances can not serve as a reference.

List the names, institution and contact information (including mailing address, phone number(s) and email address of these three individuals:

	Name	Institution	Contact information
1			
2			
3			

Note: Please emphasize to your references the importance of submitting their letters in a timely manner. The deadline for receipt of all letters of reference is the same as the Studentship Application: **January 6th, 2023, 4:30pm EST**. The letters and full application (1 PDF for all portions of application) **must be emailed directly to sruypers@braintumour.ca**

Section 4 – Research Project Information

Title of Proposed Research: _____

Please provide a brief lay summary of the project for use in all appropriate Brain Tumour Foundation of Canada publications. Please describe the implications of this research project for brain tumour patients. *Maximum – 200 words.*

Please outline the student’s role applicable to this project:

In the first term:

In the second term:

Use of Human Subjects: Yes No

Use of Research Animals: Yes No

If yes anywhere above, please specify: _____

*Please note: Successful recipients **MUST** provide ethics or evidence of application within 60 days of receiving notification of the award in order to receive funds. If documentation of proof of submission for approval, or the actual approval is presently available, please include with your application (if applicable). Successful applicants disbursement of funds will not occur until evidence of approval from appropriate Institutional Review Board(s) is received within the timeline previously stated.*

Please provide an outline of the proposed research project and studentship on not more than three (3) attached pages using 12 point font. IMPORTANT: As much as possible, the outline of the research should be written in lay terms. The members of the Research Committee of Brain Tumour Foundation of Canada, who will review the grant applications, are from many different backgrounds: medicine, industry, business, philanthropy, etc. If you feel it is necessary to use complex terminology, please try to explain such terms as clearly as possible. The Research Committee also seeks the help of outside reviewers.

The outline should include:

- a. Purpose of the research
- b. Background information
- c. Formulation of the objective of hypothesis
- d. Research design
- e. Expectations
- f. Possible pitfalls
- g. Expected objectives and accomplishments for the student in both term one and term two of the project
- h. References if appropriate

Section 5 – Financial Information

All funds are paid to the order of the institution and mailed to the institution's business/finance office directly. In the event that you are awarded funds for your project, the following information is needed to help us process the award in a timely manner.

Name:

Title:

Mailing Address:

Phone Number & Email Address:

Section 6 – Signature and Submission Confirmation

All applications must include the following:

- Completed application form**
- Documentation confirming student’s enrolment in medical school** (i.e. letter of acceptance, letter from registrar’s office)
or
Documentation confirming student’s enrolment in a four-year program or at a Quebec Institution with 2 years remaining (i.e. letter of acceptance, letter from registrar’s office)
- Letter of acceptance from Supervisor**
- Student’s résumé**
- Mini Curriculum Vitae for the Supervisor** for the last five (5) years only. Maximum – two (2) pages.
- Research Project Summary in Lay Terms**
- Research Project Full Description**
- Proof of submission for ethics approval, or approval, where applicable- DUE within 60 days of successful status**
- Three (3) academic letters of reference** from professors or research colleagues. Select professionals who can refer to your academic strengths, personal characteristics, research interest, and promise and motivation. *(Please refer to page 3 for instructions for reference letters)*

Applications that are incomplete or do not conform to the guidelines will not be reviewed.
The signatures of the Student and the Supervisor both affirm that all statements made in the application are true.

Signature of Student

Date

Signature of Supervisor

Date

Applications that are incomplete or do not conform to the guidelines will not be reviewed.
The signature of the applicant attests that all statements made in the application are true.
