

2015 B.C. CANCER STUDENTSHIPS NOTICE and APPLICATION FORM

Up to 5 **summer research** studentships sponsored by the BC Cancer Foundation will be available to support senior undergraduate university students and/or junior medical or dental students seeking hands-on training in cancer research in British Columbia during the period of May 1 - August 31, 2015. These summer studentships may address any discipline of cancer research including clinical, translational, basic, behavioural and population research areas. These awards may be held at any BCCA site of operation in the province but are restricted to applicants planning to work on a research project that is funded and supervised by a senior health professional that has an appointment in the B.C. Cancer Agency. **In addition, the Canadian Breast Cancer Foundation B.C./Yukon Region is providing funding for up to 4 summer studentships specifically directed towards breast cancer research; these awards are open to any academic researcher working in the province.**

1. ELIGIBILITY

- ❖ Only 3rd and 4th Year (at time of application) Undergraduate university students and 1st & 2nd Year (at time of application) Medical or Dental students who have not previously received a B.C. Cancer Studentship or Canadian Breast Cancer Foundation Studentship are eligible.
- ❖ Preference will be given to students who are residents of British Columbia or who may be from out of province but are full-time students at a university in British Columbia.
- ❖ Students already enrolled in a graduate program at the time of tenure of the award are NOT eligible.
- ❖ Students who have already been awarded a higher degree are NOT eligible.
- ❖ Medical Students participating in a clinical rotation are NOT eligible
- ❖ To be eligible as a supervisor, the individual must hold either an active research grant or other form of peer-reviewed research funding.

2. TIME FRAME

Studentships are tenable for a period of not less than 8 weeks and not more than 16 weeks. The studentships will pay \$375 per week to a maximum of \$6,000. The base amount and duration of the award can be supplemented by the supervisor at his/her discretion. However, these awards will expect that recipients will be full-time in their role as summer students and they will not hold other jobs or positions that compete with their research time.

3. SUBMISSION OF APPLICATIONS

A completed application form and all requested supporting documents must be emailed as a scanned PDF and submitted by the deadline date. The application must be signed by both the student and the supervisor. Although multiple applications may be submitted, including more than one student per supervisor or more than one supervisor per student, **only one application per supervisor or student will be awarded a studentship.** A complete application will include:

- i) A completed and signed application form (Times New Roman no smaller than Font 11). Hand-written forms will not be accepted. Completed applications should be emailed to cclugston@bccancer.bc.ca .
- ii) All questions must be answered. Use only the space provided on the form.

iii) Students may choose to reproduce the form on computer. If so, the form must be substantially identical to the original.

iv) **Transcripts from all post-secondary institutions attended must be supplied as a PDF, however original transcripts must also be mailed to the following for verification:**

**Chair, Bursary, Scholarship & Awards Committee
c/o C. Clugston
BC Cancer Research Centre
675 West 10th Avenue
Vancouver, B.C. V5Z 1L3**

Telephone: 604-675-8110

v) **In addition, two (2) original letters of reference**, from different individuals must be supplied. Your referees must be familiar with your academic and/or professional abilities. Personal references from family or friends will not be accepted. NOTE: A letter from the proposed supervisor will be accepted but will not be considered as one of the 2 requisite letters of reference. *Electronically signed reference letters should be forwarded as emailed PDFs directly to cclugston@bccancer.bc.ca by the referee and must be received by the deadline date.*

vi) **Resumes, published papers, and other materials of this nature will not be accepted.**
Additional information will be discarded.

vii) The committee requires that a brief written report be submitted at the end of the summer project to evaluate the effectiveness of the studentship program. This may be prepared jointly by the recipient and the supervisor.

4. APPLICATION DEADLINE: FRIDAY, FEBRUARY 20th, 2015

Complete applications must be received by the deadline date. Incomplete applications or applications received after the noted deadline *will not be considered*.

Application forms may be obtained from www.bccrc.ca or the office of the Department Head/Dean through which this notice has been circulated.

Co-sponsored by:

British Columbia Cancer Foundation
686 West Broadway, Ste. 600, Vancouver, B.C. V5Z 1G1

Canadian Breast Cancer Foundation, BC/Yukon Region
#504-1128 Hornby Street, Vancouver, BC V6Z 2L4

**BRITISH COLUMBIA CANCER STUDENTSHIPS
2015 APPLICATION FORM**

(APPLICATION MUST BE TYPED (no smaller than size 11 font). USE ONLY THE SPACE PROVIDED ON THIS FORM)

1.	NAME:		TELEPHONE:	
	CURRENT MAILING ADDRESS:			
		POSTAL CODE:		
	PERMANENT BRITISH COLUMBIA ADDRESS:	TELEPHONE:		
		POSTAL CODE:		
	EMAIL ADDRESS:	DATE OF BIRTH		

2.	INSTITUTION BEING ATTENDED:				
	UNDERGRADUATE STUDENTS:				
	What year of study are you in?				
	Have you applied for or are you planning to apply for graduate studies in the next year?	YES		NO	
	Have you applied for or are you planning to apply for medical studies?	YES		NO	
	If not, what are your future academic plans?				
	MEDICAL STUDENTS:				
	What year of study are you in?				

3.	OTHER DEGREES OR TRAINING ALREADY COMPLETED, IF ANY:

4.	INSTITUTION WHERE STUDENTSHIP WILL TAKE PLACE:			
	Supervisor:			
	Department:			
	Address:			
		POSTAL CODE		
	Email address:			
	Supervisor's Telephone #:			

	STARTING DATE:		
5.	DESCRIPTION OF PROPOSED RESEARCH OR CLINICAL PROJECT:		
	<i>Please describe the research project under the following headings, in language understandable both to lay persons and scientists: Use only the space provided on this form for these questions.</i>		
	a)	Supervisor's research area:	
	b)	Title of Research Project:	
	c)	Summary of the project in non-scientific language.	
	d)	Scientific summary of research project including rationale, primary objectives and experimental plan. (One page limit: Times New Roman, font 11- insert as a separate page). Advise that projects be written jointly by the supervisor and the student.	
	e)	The student's specific responsibilities and research activities:	
	f)	What are the student's learning objectives? (must be written by supervisor):	
	g)	Benefit to the student:	

6.	Is this project related to Breast Cancer Research?	YES		NO	
	If yes, please explain in one paragraph.				

7.	Student's future plans in cancer research: (must be written by the student)

8.	Describe the research environment of host laboratory:

9.	<u>ADDITIONAL RELEVANT INFORMATION</u>	
	a)	List any prizes, scholarships or other honours you have been awarded:
	b)	Previous research, elective or other experience, including previous studentships:

	c)	To avoid possible conflicts, please list other sources of funds for which you have applied for this period. (i.e. UBC, NSERC):
	d)	Any other information that you believe may be useful to the committee:

I understand that if my application is successful, and I accept this Studentship, I will not accept a scholarship, bursary, studentship, etc. from any other source for the period covered by this studentship, AND my name, contact information, and project details may be made available to studentship sponsors for publicity and reporting purposes. I also understand that this support is for a full-time position and I will not seek other employment for the period covered by this award.

Date: _____

Signature: _____

DEADLINE FOR APPLICATIONS: FRIDAY, FEBRUARY 20th, 2015.

PLEASE NOTE: INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

8.	<u>THE FOLLOWING STATEMENT IS TO BE COMPLETED BY THE PROPOSED SUPERVISOR</u>			
	<i>I have discussed the above program with the applicant and I am prepared to accommodate the individual and to supervise his/her work if a studentship is awarded.</i>			
	Name:			
	Title:			
	Department:			
	Telephone:	Office:	Lab:	
	Fax Number:	E-mail Address:		
	Address:			
				Postal Code:

	Current Grant Support:	
	University Appointment:	
	Signature of Supervisor:	
	Date:	