

BC Cancer 2024 Summer Research Studentship

APPLICATION (fillable) Form

APPLICATION MUST BE COMPLETED IN THIS PRE-SET FILLABLE FORM ONLY

APPLICANT CONTACT INFORMATION

Name:
Current Mailing Address:
Permanent Mailing Address:
Telephone:
Email:

EDUCATION/TRAINING

Undergraduate and Medical Students:

Current Institution and Program:
Current Year of Study:
Have you applied for, or planning to apply for, graduate studies in the next year: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for, or planning to apply for, medical studies: Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'no', what are your future academic plans:
Other Degrees or Training:

SUPERVISOR CONTACT INFORMATION

Summer Studentship Supervisor:
Email:
Telephone:
Institution:
Department:
Street Address:

AWARD DURATION

Term Start Date:
Term End Date:

PROPOSED RESEARCH PROJECT

Research Project (Title):
Supervisor's Research Area:
Lay Summary:

Scientific Research Project Summary, including rationale, primary objectives and experimental plan.

To be written by the Student and Supervisor. Provide a clear indication of the scope of the project to ensure the project goals can be completed within the summer:

Bibliography:

ADDITIONAL RELEVANT INFORMATION

Describe the research environment and mentorship style of the host laboratory:

Motivations for pursuing this studentship:

Future Plans in Cancer Research:

Past and Current Scholarships, Prizes, Honors (include funder/award title, day/month/year start and end dates and \$ amount of award):

Publications/Presentations:

Research experience to date including studentships and electives:

Other funding/studentships/scholarships currently applied for during 16 week term May – August 2024 (include funder name, type of award and \$ amount of award):

Other pertinent information for the review committee, for example leaves of absence and extenuating circumstances:

ACADEMIC REFERENCES

Name:

Title:

Institution:

Relationship to Student:

Name:

Title:

Institution:

Relationship to Student:

TO BE COMPLETED BY SUPERVISOR:

Student's Specific Responsibilities and Research Activities:

Student's Learning Objectives:

How will the Student benefit from the Summer Studentship/Research Project:

I understand that if my application is successful, and I accept this Studentship:

- 1) I will not accept a scholarship, bursary, studentship, etc. from any other source for the period covered by this studentship;
- 2) my name, contact information, and project details may be made available to studentship sponsors for publicity and reporting purposes;
- 3) this support is for a full-time position and I will not seek other employment for the period covered by this award.

Applicant Signature

Date

I have discussed the above program with the applicant and I am prepared to accommodate the individual and to supervise their work if a BC Cancer Summer Studentship is awarded.

Supervisor's Current Grant Support: _____

Supervisor Signature

Date