

**Faculty of Medicine & Dentistry
MEDICAL SCIENCES GRADUATE PROGRAM SCHOLARSHIPS**

Application Form

- All information must be printed using a font size of 12 or larger
- Submit the original of the application form and transcripts by the posted deadline date
- The original of two reference letters must be submitted in a signed, sealed envelope OR e-mailed directly to fmdgrd@ualberta.ca

1. Personal Information

First Name: _____ **Initial:** _____ **Last Name:** _____

Student ID number: _____ **E-mail:** _____

Student Department: _____

Supervisor: _____ **Supervisor Department:** _____

Supervisor e-mail: _____ **Supervisor Address:** _____

Co-supervisor (if applicable): _____

2. Previous and Current Education

Please provide a listing of all post-secondary institutions attended or currently attending.
Append all university-level transcripts. If this is your first year of study at the U of Alberta, please attach U of Alberta transcripts showing the courses in which you are now enrolled.

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Program</u>	<u>Degree/diploma conferred?</u>

3. Post Secondary Academic Achievements (Prizes, Honours, Awards)

<u>Prizes/honours/awards</u>	<u>Awarded by</u>	<u>Year won/held</u>

4. Relevant Research and Work Experience

<u>Position</u>	<u>Institution/Company/City/Country</u>	<u>Dates</u>	<u>Supervisor's Name</u>

5. Presentations, Publications, and other Evidence of Scholarly Activity

Do NOT attach reprints or copies of the items listed.

6. Statement of Personal Goals

In this section, please address why you chose to enter a graduate program and what your future plans are after your graduate degree? Please respond in the space provided below. ***Do NOT attach additional pages.***

7. Letters of Reference (must be in a sealed, signed envelope OR e-mailed directly to fmdgrd@ualberta.ca)

Letters of reference are attached from:

<u>Name</u>	<u>Institution/Organization</u>	<u>Address</u>

8. Signatures

The signatures indicate that the applicant meets the following eligibility criteria for this award.

The student:

- is registered or accepted to start in January of the following term as a full-time graduate student in the Medical Sciences Graduate Program (MSc or PhD).
- does not hold any major stipend award, any other stipend award from the Faculty of Medicine & Dentistry or salary support (\$13,000 or greater). This does not count stipends from their supervisor's research grants.

Candidate: _____ Date: _____

Supervisor: _____ Date: _____

Department Chair or

Graduate Coordinator: _____ Date: _____