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**Graduate Student Scholarship Program**

**Application Form**

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| **Student Information** |
| **Title:**  | Mr. |  | Ms. |  | Mrs. |  | Dr. |  | Other: |  |
| **First Name:** |  | **Last Name:** |  |

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| **Mailing Address:** |  |
| **City:** |  | **Province/State:** |  |
| **Postal/Zip Code:** |  | **Country:** |  |

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| **Email Address:** |  |
| **Phone Number:** |  |

**Current Studies**

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| **Name of University / College:** |  |
| **Name of Program:** |  |

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| **Current Degree Level** (Check One) |  | **Current Year** (Check One) |  | **Length of Degree**(Input #) |
| Undergraduate (BA / BSc) |  |  | Year 1 |  | of |  | Years |
| Masters (MA / MSc) |  |  | Year 2 |  |  | Years |
| PhD |  |  | Year 3 |  |  | Years |
| MD |  |  | Year 4 |  |  | Years |
| Other: |  |  | Other: |  |  | Years  |

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| **Primary Supervisor of Proposed Work** |
| **Title:**  | Mr. |  | Ms. |  | Mrs. |  | Dr. |  | Other: |  |
| **First Name:** |  | **Last Name:** |  |

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| **Name of University / College:** |  |
| **Name of Program:** |  |

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| **Email Address:** |  |
| **Phone Number:** |  |

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| **PART I: Interest in Parkinson’s Research** |
| In no more than 500 words, describe your interest in the field of Parkinson’s research, your career goals , and outline any activities that you have been involved with where you demonstrated leadership potential and/or abilities. |
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| **PART II: Background Rationale and Research Objectives for Proposed Work** |
| In no more than 500 words, describe important background information, the rationale for your proposed work, and the research objectives including hypotheses where appropriate. **NOTE: If your project is a re-submission, please ensure you provide details as to what has changed/work done since previously application. The resubmission update should be clearly indicated by a subheading RESUBMISSION UPDATE (additional 250-500 words max)** |
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| **PART III: Methods & Procedures of Proposed Work** |
| In no more than 500 words, describe the methods and procedures of the proposed work. Be sure to clearly articulate your role in the methods and procedures.  |
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| **PART IV: Training Goals of Proposed Work** |
| In no more than 500 words, describe the training you plan to obtain as part of your proposed work, and how this training will help you to achieve the research objectives outlined in Part II and your future career goals outlined in Part I. |
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| **PART V: Research Location & Resources Available for Proposed Work** |
| In no more than 500 words, describe where the proposed work will be conducted and the resources that are available to you at this location. |
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| **PART VII: Other Financial Funding and Support**  |
| In no more than 500 words, describe any other sources of funding you have applied for to conduct the proposed work described in this application. For each funding source, indicate whether you were successful with the application and how much funding was received from the source. |
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**Additional Application Materials Required**

In addition to completing this form, a completed application will also contain the following by the posted deadline for this scholarship.

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| X | **Additional Requirements**  |
|  | The student’s curriculum vitae, including a summary of any honour awards received, and a list of publications and presentations, differentiating between those that are peer-reviewed and non-peer reviewed. For each peer reviewed publications provide a brief description of your contribution to the project (collected data, analyzed data, wrote initial draft of manuscript, reviewed and revised manuscript, etc.).  |
|  | Official transcripts of the applicant’s complete academic record, including degrees and certifications, from recognized colleges or universities.  |
|  | Two reference letters, including one letter from the student’s current/proposed supervisor for this work. Reference Letters are to be emailed directly to PSSO by the sponsor (research@psso.ca) using the template provided. The student should emphasize the need for these to be received by the application deadline. |

**Applicant’s & Primary Supervisor’s Signatures**

By signing below (print or electronically), you are confirming that the content contained in this application has been reviewed by both the applicant and the supervisor and is accurate.

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| **Applicant’s Name:** |  |
| **Applicant’s Signature:** |  |
| **Date:** |  |

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| --- | --- |
| **Supervisor’s Name:** |  |
| **Supervisor’s Signature:** |  |
| **Date:** |  |