



## **BEVERLEY PHILLIPS PhD SCHOLARSHIP APPLICATION**

THE APPLICATION SHOULD BE SUBMITTED BY E-MAIL TO THE SNYDER SCHOLARSHIP PROGRAM DIRECTOR (<a href="mailto:snydered@ucalgary.ca">snydered@ucalgary.ca</a>) NO LATER THAN 4:00 p.m. ON FRIDAY 13th DECEMBER 2024 AS INDICATED IN THE AWARD TERMS OF REFERENCE. THE APPLICATION AND ALL RELEVANT SUPPORTING DOCUMENTS MUST BE SUBMITTED AS A SINGLE PDF FILE.

As a public body, the Snyder Institute of Chronic Diseases is regulated by the Freedom of Information and Protection of Privacy Act (FOIPP) of Alberta. As such, the information on this Personal Data page will be for internal use ONLY.

#### **SECTION 1: PERSONAL DATA**

Name: Surnam	e, First Name, Mi	ddle Initials(s)							
Birthdate:			Sex:						
Year	Month	Day	Male		Female		Prefer not to declare		
Complete Mailing Address:		Additional	Contact De	etails:					
			Phone:						
			Fax:						
			E-mail:						
Fyou have already contacted or been accepted by a supervisor in the Snyder Institute, please complete the signature section. The undersigned agree to, and accept, the general conditions governing any award made pursuant to the sponsorship of this application as set out in the Scholarship Guidelines, available at <a href="http://snyder.ucalgary.ca/education">http://snyder.ucalgary.ca/education</a>									
Signature of:				Printed Na	ame		Date		
Applicant:									
Proposed Supe	rvisor/Co-Supervi	sor:							

APPLICANT'S NAM	E:
APPLICANT'S NAIVI	IE:

# **BEV PHILLIPS SCHOLARSHIP APPLICATION FORM**

### 1. APPLICANT

A. APPLICANT'S NAME				
Surname, First Name & Initial(s)				
B. PRIMARY SUPERVISOR				
Proposed Supervisor (Surname, First	Name & Initial(s))			
C. PROJECT TITLE				
D. GRADUATE PROGRAM				
Actual or anticipated start date of tra	ining program (YYYY/MM):			
Anticipated completion date of training	ng program (YYYY/MM):			
Department/Faculty registered in:				
Proposed start date for award (YYYY/	MM/DD):			
E. OTHER INFORMATION				
Does your project involve:	Use of Animals	YES	NO	
	Human Subjects	YES	NO	
	Biohazards	YES	NO	
Have you applied to another granting	agency for a similar award?	YES	NO	
If yes, please identify the agency				

APPLICANT'S NAME:	

#### F. ACADEMIC BACKGROUND OF APPLICANT

**APPLICANT'S CURRENT AND COMPLETED UNIVERSITY PROGRAMS** – Append all university-level transcripts to this page. These can be copies signed by a university official or prospective supervisor and should be incorporated into the PDF file.

Degree	_			Dates of Enrolment		
	University/Institution	Jniversity/Institution Country Supervisor	From (YYYY/MM)	To (YYYY/MM)		

G.	ACADEMIC	INTERRUP	TION

Include relevant academic interruptions in your career progress. Please provide an explanation the interruption (e.g., parental leave, bereavement leave, sabbatical, work experience). Description affected your career plan.	

### H. RESEARCH AND OTHER RELEVANT WORK EXPERIENCE OF APPLICANT

From (YYYY/MM)	To (YYYY/MM)	Position	Institution/Company/City/Country	Supervisor's Name

	Awarded By	Local/Provincial/Na	tional/International	Year(s) Won/Hel
t you have accomplished to date. Contri lievements (please see instructions). Pro plications are to be listed on a separate t, 12 point text, single spaced, 2 cm ma	ovide background inforn page (please see instru	nation on major scholar	ships or awards and th	eir significance.
utline of relevant accomplishments/exp	eriences attached:	YES	□ NO	)
utline of relevant accomplishments/expo	eriences attached:	YES YES	N0	
ublication list attached:				
ablication list attached:  APPLICANT'S CAREER DEVELOPMENT	PLAN	☐ YES	□ NO	0
ublication list attached:	<b>PLAN</b> g your career goals and	YES YES	ments, publications, a	O wards and relate

YES

Career development plan attached:

NO

APPLICANT'S NAME: \_\_\_\_\_

<b>APPLICANT'S NAME:</b>	

### 2. LETTERS OF REFERENCE

Identify the **THREE** individuals who have been asked to submit a letter of reference on your behalf. If a research supervisor has been identified, one of the three requested letters must be from the primary research supervisor.

Name	Institution/Organization	Email Address
(Primary Supervisor)		

Letters of reference should highlight the applicant's strengths as they relate to suitability and experience for the proposed work in this training environment (e.g., originality, technical ability, demonstrated skills, judgment, critical skills, etc.) and the benefit that the proposed experience would provide the applicant towards their career goals.

Letters of reference should be submitted by e-mail directly to <a href="mailto:snydered@ucalgary.ca">snydered@ucalgary.ca</a> by the stipulated deadline date.

The letter from the proposed supervisor must provide details and rationale for selecting and proposing the candidate for Snyder support. The letter must also include a commitment to continued funding at the expiry of the Beverley Phillips Graduate Award and any other details requested as outlined in the award terms of reference.

. PROPOSED RESEARCH PROJECT						
ne <b>applicant</b> is to provide a detailed description of the proposed research project for the period during which the award is to be eld. Background information should indicate the position and significance of the proposed research within the context of the arrent knowledge of the field. The research plan outlining the proposed project should state the specific objectives; outline the sethodological approach; and the defined key milestones or deliverables to be achieved. Do not exceed the space provided below. See Time roman font, 12 point text, single spaced.						

APPLICANT'S NAME: \_\_\_\_\_