**Maternal Newborn Child & Youth SCN™**

**2019 Studentship Application**

***APPLICANT INFORMATION***

|  |  |  |
| --- | --- | --- |
| **Name:**Last Name | First Name | Middle Initial(s) |
| **Address:**      | **Email:**      |
| **City:**      | **Province:**      | **Postal Code:**      | **Phone (Home):**      | **Phone (Cell):**      |
| **Able to travel for work:**[ ]  Yes [ ]  No | **How many hours per week are you available?**[ ]  Full-Time [ ]  Less than full-time (please provide number of hours/week):       |
| **When are you available to start?** yy/mm/dd | **Do you plan to take time off during the period of the studentship?**[ ]  Yes [ ]  No **If yes, when? (If known)** yy/mm/dd to yy/mm/dd |

***CURRENT ACADEMIC PROGRAM***

Official, current academic transcripts must be included with this application. The MNCY SCN™ uses (up to) the last 60 credits as listed on the provided transcript to calculate GPA.

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| --- | --- |
| **University (currently registered):**      | **Degree Program/Discipline (Recognized):**      |
| **Year of Study (current):**      | **Start Date (yy/mm/dd):**yy/mm/dd | **Expected Completion Date (yy/mm/dd):**yy/mm/dd | **GPA:**      |

Candidate Name: Last Name, First Initial

***ACADEMIC ACHIEVEMENTS***

Please list all academic achievements in the following 2 tables. Do NOT list extra-curricular activities or accomplishments. You may provide additional information on one additional page. Refer to the application instructions for font and page formatting requirements.

* + 1. **Financial prizes, honours, awards**

|  |  |  |  |
| --- | --- | --- | --- |
| Prize/Honour/Award | Period of Support | Value of Award | Awarding Organization |
| Start date (yy/mm) | End date(yy/mm) |
|       | yy/mm | yy/mm |       |       |
|       | yy/mm | yy/mm |       |       |
|       | yy/mm | yy/mm |       |       |
|       | yy/mm | yy/mm |       |       |
|       | yy/mm | yy/mm |       |       |

* + 1. **Non-financial academic prizes, honours, awards, distinctions**

|  |  |  |
| --- | --- | --- |
| Prize/Honour/Award | Date Awarded | Awarding Organization |
| (yy/mm) |
|       | yy/mm |       |
|       | yy/mm |       |
|       | yy/mm |       |
|       | yy/mm |       |
|       | yy/mm |       |

***CANDIDATE'S RESEARCH OUTPUTS AND ACTIVITIES***

Include research related papers, posters and abstracts, published or presented, including those at local Research Day events or conferences. You may provide additional information on one additional page. Refer to the application instructions for font and page formatting requirements.

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|       |

Candidate Name: Last Name, First Initial

***EXPRESSION OF INTEREST***

Please provide a description of your interest in the MNCY SCN™ project to which you are applying for a studentship. In your description, include how your previous work experience, course work, research, etc. applies and will contribute to the described project. Describe how this project will complement your career plans. Ensure that the language is suitable for a broad/ lay audience. Do not use scientific or technical language and explain all acronyms. Do not exceed the space provided.

**Title of MNCY SCN™ Priority Project applying to work on:**

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|       |

**Expression of Interest:**

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Candidate Name: Last Name, First Initial

The MNCY SCN™ supports Alberta Health Services (AHS) to improve patient care and solve health care issues in Alberta ([Research and Innovation at AHS](http://www.albertahealthservices.ca/research/research.aspx)). By signing below, each candidate and their academic supervisor(s) asserts that this application follows all research policies and procedures in place at their respective university and [Alberta Health Services](http://www.albertahealthservices.ca/research/Page8601.aspx).

The MNCY SCN™ reserves the right to request University confirmation of assertions contained within this application. Any misrepresentations may result in disqualification of the candidate from this competition.

***SIGNATURES***

The undersigned agree to abide by the general conditions governing any Studentship made pursuant to the sponsorship of this application.

|  |  |  |
| --- | --- | --- |
| Required Signatures | Printed Name | Date (yy/mm/dd) |
| Candidate: |       | yy/mm/dd |
| Academic Supervisor: |       | yy/mm/dd |

Completed applications must be sent electronically in PDF format to Seija Kromm at Seija.Kromm@ahs.ca by ***February 18, 2019 at 4pm***. NO late applications will be accepted.

Successful applicants will be notified by ***March 15, 2019***.

For more information contact:

**Seija Kromm, PhD**

Assistant Scientific Director

Maternal Newborn Child & Youth Strategic Clinical Network™

Email: Seija.Kromm@ahs.ca

Phone: (403) 808-2081