



McGill-CIHR Drug Development Training Program Scholarship and Fellowship Fall 2015 Competition



Studentship Application Form

Deadline: October 19, 2015

Is this a RENEWAL application? Yes No

Surname _____		First Name _____		For correspondence Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>	
Institutional Address <i>(include room number)</i> _____ _____ _____		Department _____ Phone & ext: _____ e-mail _____			
Supervisor Surname _____ Institutional Address <i>(include room number)</i> _____ _____ _____		Supervisor First Name _____ Department _____ Phone & ext _____ e-mail _____			

Project Title

Field of study Please select from the drop down list of fields of studies deemed relevant to the DDTP competition (See the DDTP competition guidelines for more details on relevance)

Current Program MSc <input type="checkbox"/> PhD <input type="checkbox"/>	TRANSCRIPTS attached <input type="checkbox"/> to be forwarded <input type="checkbox"/>	Indicate registration date - current program _____ month _____ year	Indicate month and year of registration into 1st graduate program _____ month _____ year
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Applicants must disclose all their current sources of support. List other sources of support for the funding year 2015 that have been requested. <u>Attach top page of each submission to this application.</u>	Source Support _____	End Date _____ (mm/yy)
	Source Support _____	End Date _____

Letter of recommendation: Indicate the name of the individual (other than your supervisor or co-supervisor) from whom a letter has been requested. name of external reference: _____

status of external letter of reference: _____

Applicant Disclosure I agree to inform the Training Program should I receive funding from any other source for the funding year 2015 Name _____ Signature _____	Supervisor Contribution towards Award Should my graduate student or post-doctoral fellow be successful in this competition, I agree to contribute an amount equivalent to that awarded by the training grant. Name _____ Signature _____
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1. ACADEMIC BACKGROUND (Education)

Degree	University	Country	Field	Dates (mm/yy) From/To

2. SPECIAL TRAINING (RESEARCH OR CLINICAL), IF APPLICABLE (chronological order)

Year	Program	GPA

3. GRADE POINT AVERAGE (GPA), UNDERGRADUATE AND GRADUATE UNIVERSITY LEVELS (chronological order)

Year	Program	GPA

4. AWARDS AND SCHOLARSHIPS (Past 5 years) (clearly indicate the granting organization and monetary value if applicable. An additional page can be added if needed)

Name	Year	Monetary Value

5. MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (past 5 years. An additional page can be added)

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6. LIST OF PUBLICATIONS (including reviews, book chapters and patents produced over the past 5 years. For manuscripts in preparation, please submit a copy of the preprint. For PhD year 3 and up only, summarize your best publications)

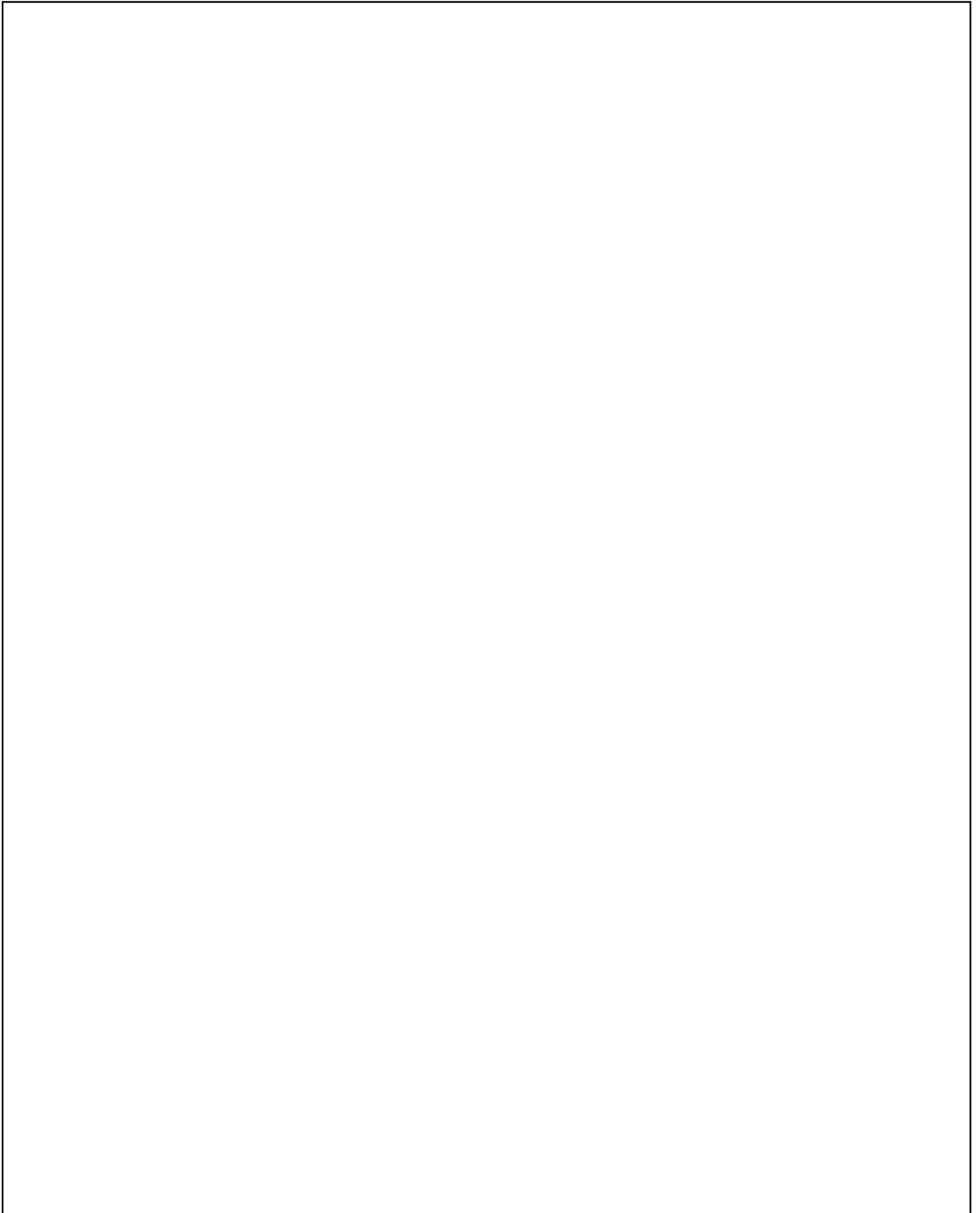
7. LIST OF ABSTRACTS AND ORAL COMMUNICATIONS (Past 5 years)

8. LAY ABSTRACT OF RESEARCH PROPOSAL (to be written in a non-scientific language)

9. SCIENTIFIC ABSTRACT OF RESEARCH PROJECT (This must include objective, hypothesis, research plan and significance. Figures can be inserted in section 11)

10. PROJECT RELEVANCE (Demonstrate the relevance of your research to the DDTP mandate by describing how your proposed project directly relates to any of the drug development field of activity selected in the "Field of Study" section. For relevance to target identification, indicate the target and disease context in which a therapeutic approach can be developed)

11. FIGURES (Insert figures mentioned in section 9 only)



12. SUMMARY OF PROGRESS (*FOR RENEWAL ONLY*)

(Describe progress accomplished during the tenure of the award. Elaborate on the status of abstracts and manuscripts submitted and published since the beginning of the award period. No attachment is allowed. The space should be used for both text and figures)