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# FACULTY OF MEDICINE AND HEALTH SCIENCES STUDENTSHIP COMPETITION 2025-2026

**Application submission deadline: May 5, 2025 at 11:59pm MSc1, PhD1-PhD4, MSc2-fast-track**

**APPLICANT**

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| **SURNAME** | **GIVEN NAMES** | **MCGILL I.D.** | **TITLE** |
|  |  |  | Choose an item. |
| **STUDENT STATUS AS OF SEPTEMBER 1, 2024:** Choose an item. |

**PRIMARY SUPERVISOR**

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| --- | --- |
| **Name** |  |
| **Department** |  |

**SPONSORS**

Indicate the persons providing a letter of support. One letter from the applicant’s supervisor, and another from someone who is not directly supervising the applicant, must be included.

**Name Relationship to Candidate Current Position Held Institution**

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**SIGNATURES**

## Applicant Primary Supervisor Department Chair

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| --- | --- | --- |
| **Name** |  | **Name** |  | **Name** |  |
| **Date** |  | **Date** |  | **Date** |  |

**Lay Summary**

Non-technical summary of the applicant’s research, written in simple and clear language suitable for non-experts. (Maximum 15 lines, Arial 11)

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**SOURCE OF FUNDING**

All applicants must apply for funding for which they are eligible. **Indicate below funding sources applied to that are tenable in 2025- 2026**.

Canadian Institutes of Health Research

YES[ ]  NO[ ]

If not, please explain

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Fonds de la recherche en santé du Québec

YES[ ]  NO[ ]

If not, please explain

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Other external funding sources

YES[ ]  NO[ ]

If yes, please specify the organization’s name/s and competition date/s

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Other internal funding sources

(McGill or Hospital)

YES[ ]  NO[ ]

If yes, please specify the organization’s name/s and competition date/s

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What is the current source and duration of the applicant’s stipend?

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Please identify the agency, amount and duration of the operating grant/s that will support the applicant's research project.

**Agency**  **Amount** **Duration**

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| **Education**List degrees and diplomas starting with the most recent.  |
| **Degree** | **Institute Country** | **Department** | **Supervisor** | **Start Date/End Date** |
| **HONOURS AND AWARDS**List honors and awards received, starting with the most recent. One additional page may be added. |
| **Type** | **Organization** | **Amount** | **Date** |
| **PUBLICATIONS & PRESENTATIONS**Indicate the total number of publications in each category. |
|  | **Published or In Press** | **Submitted** |
|  Refereed Papers |  |  |
|  Book Chapters |  |  |
|  Abstracts &  Presentations |  |  |
| In an attachment, list the publications in each of the categories listed above. For each publication, list full authorship as it appears in the original publication. List the year, title, name and volume of the publication and the first and last page numbers. For publications in press, attach a copy of the letter of acceptance. For publications submitted, indicate to which journal and attach a copy of the cover letter or documentation of receipt from the editor. |

**Summary of Research Project** - This section is to be completed in consultation with the applicant’s supervisor(s).

Provide a descriptive summary of the research project, including: background information and rationale for the work, hypothesis, specific aims, scientific approach and expected outcomes. This section is to be written in simple non-technical language. Review Committee members come from varied health science disciplines and may not be an expert in the applicant’s specific field (Maximum 50 lines, Arial 11)

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**Training Expectations** - This section is to be completed in consultation with the applicant’s supervisor/s.

Provide an overview describing how the expected training will contribute to the applicant’s future research achievements and productivity. (Maximum 50 lines, Arial 11)

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