

**Faculty of Medicine & Dentistry  
MEDICAL SCIENCES GRADUATE PROGRAM SCHOLARSHIPS**

**Application Form**

- All information must be printed using a font size of 12 or larger
- Submit the complete application as ONE PDF by noon of Monday, January 9, 2023
- The original of one reference letter must be received by the same deadline in a signed and sealed envelope or emailed directly to [fmdgrd@ualberta.ca](mailto:fmdgrd@ualberta.ca)

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**1. Personal Information**

**First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Supervisor Department:** \_\_\_\_\_

**Supervisor Email:** \_\_\_\_\_ **Supervisor Address:** \_\_\_\_\_

**Co-supervisor (if applicable):** \_\_\_\_\_

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**2. Previous and Current Education**

Please provide a listing of all post-secondary institutions attended or currently attending.  
*Append all university-level transcripts. You must include your current University of Alberta transcript, even if you've not completed any courses.*

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Program</u>	<u>Degree/Diploma Conferred</u>

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**3. Post Secondary Academic Achievements (Prizes, Honours, Awards)**

<u>Prizes/Honours/Awards</u>	<u>Awarded by</u>	<u>Year won/Held</u>

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**4. Relevant Research and Work Experience**

<u>Position</u>	<u>Institution or Company/City/Country</u>	<u>Dates</u>	<u>Supervisor's Name</u>

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**5. Presentations, Publications and other Evidence of Scholarly Activity**

*Attach additional pages if needed. Do NOT attach copies of or any sections from articles listed.*

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2.
3.
4.
5.
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**6. Statement of Personal Goals**

In this section, please address why you chose to enter a graduate program and what your future plans are after your graduate degree. Please respond in the space provided below. ***Do NOT attach additional pages.***

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**7. Letter of Reference (must be in a sealed and signed envelope OR emailed directly to fmdgrd@ualberta.ca)**

Letter of reference are attached from:

<u>Name</u>	<u>Institution/Organization</u>	<u>Address</u>

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**8. Signatures**

The signatures indicate that the applicant meets the following eligibility criteria for this award.

The student:

- is registered or accepted to start as of January 2021 as a full-time, thesis-based graduate student in the Medical Sciences Graduate Program (MSc or PhD).
- does not hold any major awards (\$13,000 or greater) or any other stipend award from the Faculty of Medicine & Dentistry.

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_