

Application Form Doctoral Thesis Research Grant

Section A – Checklist and Instructions for Submission

Please fill in this form on your computer using Adobe Acrobat Reader or Acrobat Professional, saving it occasionally to your desktop with a filename in the following structure: **Your name – Doctoral Thesis Research Grant**. When you have finished, save it again and then attach it and the other documents in this checklist to an email and send it to nlcahr@mun.ca. The message should have as its 'Subject' line: **Surname, First name, Doctoral**. Do not send any printed documents by mail – transcripts and Referee Reports will be accepted in hard copy only.

The deadline for receipt of this submission is **July 20, 2015**. Documents that arrive after the deadline will not be considered. When your e-mail is received, we will send you an e-mail reply within 24 hours acknowledging receipt. If you do not receive this acknowledgment, please call Tyrone White at (709) 777-7973.

Please use the checklist below to ensure you have included all required electronic documentation with your application.

Required Electronic Documents	
Application form (this document in PDF format)	<input type="checkbox"/>
List of publications (see section I)	<input type="checkbox"/>
Detailed proposal of your thesis (see section L)	<input type="checkbox"/>

Required Hardcopy Documents	
Official undergraduate and graduate transcripts (must be sent directly from the issuing institution – see section F)	<input type="checkbox"/>
Three (3) Referee Reports sent directly to NLCAHR by referees (see section M)	<input type="checkbox"/>
Student Authorization Form (see section N)	<input type="checkbox"/>

If you have any questions about this application, please contact Tyrone White at tkwhite@mun.ca or (709) 777-7973.

Section B –Applicant Information

Title: Dr. Mr. Ms.

Surname:

First Name:

Organization and Department/Academic Unit:

Mailing Address:

Telephone:

Fax:

Email:

Citizenship (please check only one):

- Canadian Citizen
- Permanent Resident of Canada
- Other (please specify)

Section C – Doctoral Degree Information

Degree Program:

Academic Unit:

Specialization:

Supervisor Name:

Thesis:

Section D – Applicant’s Background

Indicate the post-secondary academic training that you have completed or are in the process of obtaining. Please sort your entries in reverse chronological order.

1	Degree:	
	Institution	
	Discipline	
	Year Started (mm/yyyy)	
	Degree Expected (mm/yyyy)	
2	Degree:	
	Institution	
	Discipline	
	Year Started (mm/yyyy)	
	Degree Expected (mm/yyyy)	
3	Degree:	
	Institution	
	Discipline	
	Year Started (mm/yyyy)	
	Degree Expected (mm/yyyy)	
4	Degree:	
	Institution	
	Discipline	
	Year Started (mm/yyyy)	
	Degree Expected (mm/yyyy)	

Section E – Master’s Degree Information

Degree:

Discipline:

Thesis:

Supervisor Name:

Institution:

Section F – Official Undergraduate and Graduate Transcripts

One copy of your official academic transcripts is required from each post-secondary institution attended. They must be sent directly to the NLCAHR office by the issuing institution.

Section G – Academic Honours and Awards

List up to five (5) undergraduate or graduate honours and awards in **reverse** chronological order.

1	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<input type="text"/> <input type="text"/> <input type="text"/>
2	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<input type="text"/> <input type="text"/> <input type="text"/>
3	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<input type="text"/> <input type="text"/> <input type="text"/>
4	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<input type="text"/> <input type="text"/> <input type="text"/>
5	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<input type="text"/> <input type="text"/> <input type="text"/>

Section H – Academic, Research and Other Relevant Work Experience

List up to five (5) academic, research and other relevant work experiences (including internships, field work and volunteer positions) in reverse chronological order.

1	Duration (yyyy-yyyy)	
	Position:	
	Organization:	
	Supervisor:	
2	Duration (yyyy-yyyy)	
	Position:	
	Organization:	
	Supervisor:	
3	Duration (yyyy-yyyy)	
	Position:	
	Organization:	
	Supervisor:	
4	Duration (yyyy-yyyy)	
	Position:	
	Organization:	
	Supervisor:	
5	Duration (yyyy-yyyy)	
	Position:	
	Organization:	
	Supervisor:	

Section I – Publication Record

Append a **list** of any publications and formal reports and submit as **an attachment**:

- for each publication, begin with the most recent and list in **reverse** chronological order
 - provide full citations, including names of all authors, title, full journal name, date, volume, issue, first and last page numbers as relevant
 - include a copy of the **first three pages** of one published article you consider your best work
 - if you do not have a published article, please include a copy of the **first three pages** of one unpublished article that you consider your best work
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Section J – Research Awards Held / Applied for by Applicant

List up to four (4) fellowships or awards, held or applied for, in reverse chronological order.

1	Funding Program:	
	Agency	
	Duration (yyyy-yyyy):	
	Total Award (\$):	
	Pending or Held?	
2	Funding Program:	
	Agency	
	Duration (yyyy-yyyy):	
	Total Award (\$):	
	Pending or Held?	
3	Funding Program:	
	Agency	
	Duration (yyyy-yyyy):	
	Total Award (\$):	
	Pending or Held?	
4	Funding Program:	
	Agency	
	Duration (yyyy-yyyy):	
	Total Award (\$):	
	Pending or Held?	

Section K – Thesis Specifications

Thesis Title:

Start Date (mm/yyyy):

Supervisor:

Department:

Phone:

Email:

Supervisory Team Information

Name:

Department:

Name:

Department:

Name:

Department:

Name:

Department:

Name:

Department:

Section L – Summary of Thesis

Please append a detailed description, no longer than **1000 words**, of your thesis project as an **attachment**. When describing your research, please include the following:

- objectives of the study
- research questions
- methods to be used
- current knowledge in the area, and how the study will build on and add to it
- the relevance of the proposed research to NLCAHR's mandate and research objectives
- a brief section outlining any important ethical issues and how they will be addressed
- how the results will be disseminated and/or applied

Note: This section must be written by the applicant for this application. Material previously written for other purposes, and particularly with a co-author or co-authors, is not acceptable.

If the project is related to research conducted or planned by the supervisor, and/or other researcher, this should be indicated, and the role of the applicant in the development and execution of the project clearly explained and justified. In all cases, the thesis project must be an identifiable and distinct project, under the responsibility of the applicant.

References cited may, if necessary, be included as additional pages. No additional materials (reprints, appendices, other manuscripts, etc.) are permitted. Use the following formatting in preparing the attachment:

- 8.5" x 11", letter-sized pages
- 1" margins (on all sides)
- use standard type no smaller than the equivalent of Times 12 point
- no more than six (6) lines per inch

Section M – Referees

1	Full Name	
	Title & Position	
	Phone Number	
	Email Address	
	Mailing Address	
2	Full Name	
	Title & Position	
	Phone Number	
	Email Address	
	Mailing Address	
3	Full Name	
	Title & Position	
	Phone Number	
	Email Address	
	Mailing Address	

Section N – Authorization Form

Applications **must** include a completed Fellowship Authorization Form. This form must be signed **in hardcopy format** by you, your supervisor and the departmental director of your graduate program.

Once your Fellowship Authorization Form is complete, it should be printed out and then scanned and sent to NLCAHR.

Section O – Use and Disclosure

All information requested by the Newfoundland and Labrador Centre for Applied Health Research will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NLCAHR at (709) 777-6993.

By submitting this application to NLCAHR you are certifying that all of the statements contained in it and in all its attachments are accurate to the best of your knowledge.