

Application Form NL-HARP Doctoral 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 – NL-HARP Doctoral Research Grant Application**. When you have finished, save it again and then attach it, and the other documents in this checklist, to an email to nlcahr@mun.ca with this ‘Subject’ line: **Surname, First name, NL-HARP Doctoral Research Grant Application**. Do not send any printed documents by mail – only transcripts and Referee Reports Forms will be accepted in hard copy.

The deadline for receipt of this submission is **January 26, 2016**. Documents that arrive after the deadline will not be considered. When your e-mail is received, you will receive an e-mail reply within 24 hours acknowledging receipt. If you do not receive this acknowledgment, please call Tyrone White at (709) 777-6993.

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 and formal reports (see section I)	<input type="checkbox"/>
Detailed proposal of your planned academic program and research (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 P)	<input type="checkbox"/>
Fellowship Authorization Form (see section Q)	<input type="checkbox"/>

If you have any questions about this application, please contact Tyrone White at tkwhite@mun.ca or (709) 777-6993.

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

Applicant Status

- Applying for admission to program
- Currently enrolled in the program

If currently enrolled in program, please enter the number of years completed below

Degree Program:

Academic Unit:

Specialization:

Supervisor Name:

Institution (if not Memorial University):

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):	<hr/> <hr/> <hr/>
2	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<hr/> <hr/> <hr/>
3	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<hr/> <hr/> <hr/>
4	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<hr/> <hr/> <hr/>
5	Date of Award/Honour: Title of Award/Honour: Description of Award/Honour (max. 90 characters):	<hr/> <hr/> <hr/>

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 – Proposed Research

Project Title:

Start Date (mm/yyyy):

Supervisor:

Department:

Phone:

Email:

Supervisory Team Information

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Section L – Detailed Proposal

Please append a detailed description, no longer than **1200 words**, of your planned academic program and research as **an attachment**. When describing a research project, 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 the Provincial Healthy Aging Policy Framework
- 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 the 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 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 – Budget

Please Indicate the specific purposes for which the funds are to be used (e.g. payment of personnel, purchases of equipment, honorarium, etc.)

Category	Amount (\$)
Personnel (salaries & 15% benefits)	<hr/>
Professional/Technical Services	<hr/>
<u>Equipment and Supplies</u>	
• Computer Equipment	<hr/>
• Other Non-Disposable Equipment	<hr/>
• Supplies	<hr/>
<u>Travel and Communications</u>	
• Field Research	<hr/>
• Dissemination	<hr/>
Total	<hr/>

Section N – Budget Justification

A justification of the budget is required (maximum **250 words**). Include an explanation of all items and their cost. In addition, if you have funding for part of this project or for a related project from another source, please explain how the work that will be funded by NL-HARP is differentiated from the work funded by the other sources.

Section O – Educational and Career Objectives

Describe (maximum **250 words**) your expectations from this fellowship in terms of research training and educational benefits. In particular, describe how the experience will build on your current research interests and areas of expertise and relates to your future health research career goals.

Section P – Referees

1	Full Name	_____
	Title & Position	_____
	Phone Number	_____
	Email Address	_____
	Mailing Address	
2	Full Name	<input type="text"/>
	Title & Position	<input type="text"/>
	Phone Number	<input type="text"/>
	Email Address	<input type="text"/>
	Mailing Address	
3	Full Name	_____
	Title & Position	_____
	Phone Number	_____
	Email Address	_____
	Mailing Address	

Section Q – 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 attached to the electronic application.

Section R – 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.