

Student contact information:						
Salutation	Last Name		First Name		Department/College	
Email		UMS	tudent Number	Current Program		
				Masters	PhD	
Address		'		1		
Eligible to a	upply if your program eta	rt data is ana of th	o following			
May 20	ipply if your program sta nan	January 2022	ie ioliowing:	September 2022		
_	mber 2021	May 2022		January 2023		
Advisor ar	nd Department Head	Identification				
			ate to rfhsgraduate	eawards@umanitoba.ca by S	eptember 15, 2022 4:00 pm	
Salutation	Last Name		First Name		Email	
Co-Advisor	(if applicable): Submit C	V using RFHS Advis	or/Co-Advisor temp	late to rfhsgraduateawards@	gumanitoba.ca by September 15, 2022 4:00 pm	
Salutation	Last Name		First Name		Email	
_						
Departmen			I			
Salutation	Last Name		First Name		Email	
Department and/or College						
Department und/or conlege						
Eligibility						
Master's and PhD applicants calculate your Grade Pont Average (GPA) from the last 60 credit hours or equivalent. All applicants must have a minimum						
GPA of 3.5 to be eligible to apply to the Rady Faculty of Health Sciences' Graduate Studentship. GPAs must be presented using the University of Manitoba grading system — that is, the 4.5 grading scale. Rough GPA calculations (to determine eligibility before preparing the application) may be done using the						
following resources:						
For Canadian and American transcripts, see Calculating Canadian/US GPAs and the Canadian GPA Equivalency Table.						
For International transcripts (neither Canadian nor American), see International GPA Calculations and International Degree Equivalency on the University of Manitoba Faculty of Graduate Studies website. If your institution is not found in the listing, please contact the University of Manitoba Faculty of Graduate						
of Manitoba Studies for a	•	s website. If your ins	stitution is not foun	a in the listing, please contac	ct the University of Manitoba Faculty of Graduate	
Calculated	GPA:					
I grant permission for RFHS to access my admission GPA to be considered as pa my application.			sion GPA to be considered as part of			



Location where research will take place			
Department and/or affiliated research institute	Dr. Gerald Niznick Max Rady College College of Nursing		College of Pharmacy College of Rehabilitation Sciences
Research Project Title			
Lay Abstract (200 words)			
<b>Project Details</b> (To be completed in consultation wi	ith advisor.) <u>Append to t</u>	the application	
Description of the project (Maximum of 2 pages, 2 cm     Regures (Maximum of 2 pages)	margins, 12 point font)	3. References (Maxin 4. Indicate role of the	num of 2 pages) student in the project
Training plan (Completed by Advisor)			
Outline mentorship plan research with respect to research presentations or knowledge translation (500 words)	and professional develop	ment. Identify opportun	ities to present work via publications,
presentations of knowledge translation (300 words)			





**Research Training Environment** (Completed by the advisor)

Please describe the space, facilities, and personnel support available to the sturesearch training. (500 words)	ident, as well as the fundir	ng available to cover the di	rect costs of the
The RFHS Graduate Studentship is a partnered award (60:40 RFHS:advisor).	the application is success	sful, please identify the	
partnering funds that are available:	I	I	I
Funding Source	Start Date	End Date	Amount
If held at the University of Manitoba, FOAP			
For PI-held grant funding administered at other institutions, identify the	e institution and invoici	ing contact (Name, Ema	ail, Phone Number)
Please identify the Departmental contact person responsible for gradu	ate student support (Na	nme, Email)	
Indicate the expected start date of the award below. No deferments pa	st September 1st 2023	are allowed	
January 1st, 2023 May 1st, 2023 September 1st, 2023	3		
Support from the RFHS Graduate Studentship as well as any additional supsupported by this award. The applicant and advisor(s) acknowledge this re		cknowledged in any public	cations or presentations





Letters of Assessi	ment			
_	es to email their letters of assessm ure potential by September 15, 202			ast name-first name.pdf) of your past
Referee 1:				
Last Name	First Name	Email	Position	Relationship to Applicant
Referee 2:				
Last Name	First Name	Email	Position	Relationship to Applicant



Student C	V			
Applicant:				
Salutation	Last Name	First Name	Email	
Recognition	ons   Name, type, value, date			
Degrees	Degree type, institution, date			
Employme	ent   Role, place of employment, term	(last 5 years)		
1, 1,		( ,		
Publicatio	ns   Authors, journal, title, year			





Presentations	Authors, title, conference name, location
Knowledge Trai	nslation   Describe activity (50 words/activity)
Kilowieuge IIa	Describe activity (50 words/activity)
Mentoring Acti	vities
Intellectual Pro	perty





Document any special c	ircumstances that may have af	fected your academic and/or research prod	ductivity:
ranscript Informatio		studies to be appended to the application	
miciai di Verilled transcrip	is for graduate and undergraduate s	studies to be appended to the application	
Signature			
Student name	E-signature	Advisor name	E-signature
Co-Advisor name	E-signature	Dept. Head/College Dean name	E-signature
Submission			
		F named as applicant last name-first name. 2022 at 4:00 pm. Advsiors/Co-advisors pl	
		umanitoba.ca by September 15, 2022 at 4:0	

Please note that all sections of the form are required to be filled out. Incomplete applications will not be eligible for funding