

# UNDERGRADUATE SUMMER RESEARCH AWARD APPLICATION

## Instructions

- Complete the form below.
- Gather your attachments.
- Ensure all documents meet the submission guidelines, including formatting.
- Submit the form AND attachments to the College of Pharmacy Research Advisory Committee. Applications are to be submitted by the student applying for the award.
- Submissions must meet the application deadline. Late submissions will not be considered.

## Deadline

The form and attachments must be submitted by **Friday, February 14, 2020**.

## Form guidelines

- Complete all fields of the form in full. If you have questions, contact the College of Pharmacy Research Advisory Committee at the coordinates below.
- The form must be returned as a single PDF.
- The form must be named as follows: SURNAME, FIRST NAME – College of Pharmacy URA Application.pdf

## Attachments

The following documents must be included with your application:

1. Curriculum vitae
2. Research description
3. Print out of student grades from your Aurora account
4. Research ethics approval, if applicable

## Research description

The research description is a clear, concise outline of the project, which should be feasible for an undergraduate pharmacy student to execute within the 12-16 week summer work term.

The description must include the following sections:

- An introduction/background
- Hypothesis/rationale
- Study design
- A description of the your role and references

The description may be a maximum of three pages. This does not include reference pages, charts, photographs, diagrams, etc., which may be appended.

Figure and table legends are limited to two lines.

### Attachment guidelines

Margins	¾" (2 cm)
Page	8.5" × 11" (21.5 × 28.0 cm) white single-sided paper
Font	Minimum font size 12 points or maximum 10 characters per inch
Spacing	No condensed type or spacing
Line spacing	Six lines per inch, single-spaced
Heading	NAME and GIVEN NAME(S) in the upper-right corner SECTION TITLE in the upper left corner (e.g. Student Curriculum Vitae, Project Description)
Footer	PAGE NUMBERS in the lower right
Page numbering	All page numbers should be consecutive

### Submission

Submit the form and accompanying attachments to:

College of Pharmacy Research Advisory Committee  
c/o Natalie Scofield-Singh, Pharmacy Graduate Program Administrator  
Dean's Office, College of Pharmacy  
E: [natalie.scofield-singh@umanitoba.ca](mailto:natalie.scofield-singh@umanitoba.ca)  
T: 204-480-1497

### Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of determining award eligibility. If your application is successful, your personal information may be disclosed to the sponsor of the award for the purpose of acknowledging your achievement. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.



U of M student #	Title	Surname	First Name
<b>Contact Information</b>			
Street Address		City	Province Postal Code
Phone (daytime)	Phone (other)		Email address
<b>Program Information</b>			
Year of study	Credit hours completed	Degree GPA	
Have you applied for any other undergraduate research awards to be held this summer?		Yes	No
<i>*If you selected 'yes' please make sure to include this information where requested below.</i>			
<b>Project Title</b>			
<b>Ethics</b>			
If applicable, research ethics approval is attached as Appendix 4. Research ethics application is under review.			
<b>Professor/Supervisor</b>			
Name		Signature	
<b>Signature</b>			
I hereby certify that I have read and understood the instructions and information sheet attached to this application form and that all statements made in connection with this application are true and complete.			
I authorize the university to verify any information and transcripts provided as part of this application.			
I understand that my application will be rejected if I have not disclosed my academic record or have submitted false information in support of my application to the College of Pharmacy. In such an event I understand that future applications from me will not be considered.			
_____ Signature of Applicant		_____ Date	

U of M Student #

<b>Academic, research and other relevant work experience</b>			
Position	Department, Institution	Type of Work (key words)	Start – End (MM/YY)

<b>Awards/scholarships/mentorships applications currently under review</b>			
E.g. University of Manitoba Undergraduate Research Awards, NSERC Undergraduate Research Award			
Organization/Name of award	Date application submitted	Expected decision date	Job title if known

<b>Awards/Scholarships/Mentorships currently or previously awarded</b>			
List currently/previously held awards/scholarships/mentorships, including previous College of Pharmacy URAs.			
Organization/Name of award	Advisor	Amount	Start – End Date (MM/YY)

**Statement of interest**  
Describe your interest in this research opportunity and award (250 words. Must not exceed 600 characters.)