

UNDERGRADUATE SUMMER RESEARCH AWARD APPLICATION

Instructions

- Complete the form below.
- Gather your attachments.
- Submit the form and attachments as a single PDF file 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 **Monday, February 22, 2021**.

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.

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
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
Contact Information			
Street Address		City	Province Postal Code
Phone (daytime)	Phone (other)		Email address
Program Information			
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>			
Project Title			
Ethics			
If applicable, research ethics approval is attached as Appendix 4. Research ethics application is under review.			
Professor/Supervisor			
Name		Signature	
Signature			
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 #

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

Awards/scholarships/mentorships applications currently under review			
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

Awards/Scholarships/Mentorships currently or previously awarded			
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.)