

Indigenous Mentorship Network Program – Ontario

Graduate Scholarship Application Form

For Office Use Only

Date application received:

All necessary documents enclosed: Yes No

Transcripts received: Yes No

Important: Please read the following carefully and make sure all information is enclosed. Applications that do not have all the necessary documents will not be processed. All application materials must be formatted to the following specifications: 12-point font, Times New Roman, 1" margins and single spaced.

CHECKLIST

Before submitting your application, please ensure that you include:

- Completed application form
- Current CV
- Official transcript from most recent institution
- Summary of personal, academic and career goals (1 page)
- Summary of proposed research (2 pages)
- Letter of Reference completed by academic supervisor
- Letter of Reference completed by an academic source or an employer
- Letter from community partner.

STUDENT INFORMATION

Name:

Mailing address:

Telephone:

Email:

Institution:

Department:

Field of study:

Level of study:

MA/ MSc / MHSc / MPh

Full-time

PhD or baccalaureate health professional

Part-time

Year in Program as of April 2018:

1st year 2nd year 3rd year 4th year Other: please specify: _____

Attach a copy of your current CV

Attach your official transcript from your most recent institution

Summary of student's personal, academic and career goals (maximum one page)

Summary of proposed research project (maximum 2 pages + bibliography)

If you are applying early in your graduate program, please include:

1. Brief description of your area of research interest.
2. Description of how your research interests will benefit Indigenous communities.
3. Review of the relevant literature.
4. Bibliography of relevant sources (maximum one page).

If you are applying later in your graduate program and a thesis or research project has been identified or initiated, please include:

1. Purpose, goals and objectives of your thesis or research project.
2. Description of the methodology.
3. Dissemination plan.
4. Demonstration of Indigenous community/organization support and involvement.
5. Description of how the project will contribute to building health research capacity in Indigenous communities.
6. Bibliography of relevant sources (maximum one page).

Letters of Reference: A Letter of Reference must be completed by your academic supervisor and a second Letter of Reference must be completed by an academic instructor or employer. The letter of reference from your supervisor must include a description of the project, as well as the student's role in the project. Letters of Reference must be submitted in a sealed initialed envelope to ensure authenticity. References will be verified.

PROJECT INFORMATION

Project title:

Supervisor information:

Name:

Institution:

Position:

Telephone:

Email:

If more than one supervisor, please complete:

Name:

Institution:

Position:

Telephone:

Email:

Does the project directly involve humans as research participants?

Yes

No

Ethics Approval: *This applies to students who are in the later stages of a graduate program, with a thesis or research project that has been identified. If applicable, please indicate the current status of the ethics approval request.*

- | | |
|--|---|
| <input type="checkbox"/> Ethics approval requested | <input type="checkbox"/> Ethics approval letter(s) attached |
| <input type="checkbox"/> Ethics approval will be requested | <input type="checkbox"/> Ethics approval not required |

If ethics approval has not yet been obtained or requested, please indicate expected date of application for ethics approval. _____

A copy of ethics approval must be submitted to IMNP-Ontario once obtained.

COMMUNITY INFORMATION

It is vital that the project has support from the collaborating Indigenous community(ies) or organization(s). Letters of support from each community and/or organization must be attached.

Community/Organization:	Name of contact person:
Community/Organization:	Name of contact person:

FUNDING INFORMATION

Other Funding Sources: If you have applied to other sources of funding, please outline the amount applied for and received.

Funding source	Amount applied for	Amount received	Not yet known

I agree to notify IMNP-Ontario should I receive funding from other sources if my application to IMNP-Ontario is successful.

SIGNATURE

All details in this application are true and complete to the best of my knowledge. I accept the terms and conditions applied to any award received through this application.

Applicant name	Signature	Date