

Indigenous Mentorship Network of Ontario

Application Form: Graduate and Health Professional Scholarship (2022/2023)

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

Please ensure that your application includes:

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

STUDENT INFORMATION

Name:

Mailing Address:

Telephone:

University Email:

Institution:

Department:

Field of study:

Level of study (please indicate):

MA/ MSc / MHSc / MPH / PhD / MD: _____

Full-time Part-time

Program year as of September 2022 (please indicate):

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

Summary of student's personal, academic and career goals (maximum one page)		
Summary of proposed research project (maximum 2 pages + 1 page bibliography) <i>If you are applying early in your graduate program, please include:</i> <ol style="list-style-type: none"> 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). <i>If you are applying later in your graduate program and a thesis or research project has been identified or initiated, please include:</i> <ol style="list-style-type: none"> 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). 		
Letter(s) of support from each community partner		
A copy of your current CV		
Two 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 must be <u>e-mailed directly</u> by referee to imnp@uwo.ca.		
Official transcript from your most recent institution <u>mailed or delivered</u>* to: Indigenous Mentorship Network of Ontario c/o Western University Dept of Geography & Environment, Social Science Centre Rm 2322 1151 Richmond Street, London, ON N6A 3K7 * Note: Some institutions now offer official electronic transcripts. These may be emailed from your institution to: imnp@uwo.ca		
PROJECT INFORMATION		
Project title:		
Supervisor information		
Name:	Institution:	Position:
Telephone:		Email:

If more than one supervisor, please complete:					
Name:		Institution:		Position:	
Telephone:			Email:		
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
<input type="checkbox"/> I agree to notify IMN-Ontario should I receive funding from other sources if my application to IMN-Ontario is successful.					
SIGNATURE					
<input type="checkbox"/> 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.					
<input type="checkbox"/> I understand this award is intended only for Indigenous People. By signing this application, I declare that I am Indigenous. I belong to the following Indigenous Nation and/or Community:					
Applicant name		Signature		Date	