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| **NMIN *Undergraduate Studentship in NanoMedicines Research***  **2021 APPLICATION FORM** |

The goal of the 2021 NMIN***Undergraduate Studentship in NanoMedicines Research***program is to strengthen the Network’s ability to develop innovative nanomedicines and related technologies. We invite outstanding students from underrepresented groups and their Supervisors to apply to this Call for Proposals.

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| 1. **Supervisor Details** | | | |
| Supervisor name: |  | | |
| Title: |  | | |
| Department: |  | Email: |  |
| Institution: |  | Phone: |  |
| Start date of the proposed Studentship: | |  | |
| Length of the proposed Studentship: | |  | |
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| 1. **Undergraduate Student Details** | | | |
| Undergraduate name: |  | | |
| Undergraduate program: |  | | |
| Institution: |  | Email: |  |
| Year of study most recently completed: |  | Phone: |  |
| Have you worked in the supervisor’s lab previously? | | |  |
| Please indicate how you self-identify with an underrepresented group: | | |  |
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| **Project Description** (to be completed by the Supervisor) |
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| 1. **Please describe the proposed research project** (max. 1 page excluding references, in 11pt Arial) |
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| **Learning Opportunities** (to be completed by the Supervisor) |
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| 1. **Please describe the learning opportunities to be provided to the trainee, including the broader training environment and capacity-building goals** (max. 1 page, in 11pt Arial) |
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| **Career Development** (to be completed by the Supervisor) |
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| 1. **Please describe how the NMIN *Undergraduate Studentship in NanoMedicines Research* will contribute to the student’s career development as a result of the training opportunity to be provided** (max. 1 page, in 11pt Arial) |
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| **Rationale** (to be completed by the Undergraduate Student) |
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| 1. **Please describe the rationale/motivation underlying your interest in conducting this research, and the learning opportunities you will benefit from.** (max. 1 page, in 11pt Arial) |
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| 1. **Disclaimer and Signature - Supervisor** | |
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| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award. | |
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| Signature of Supervisor | Date |
|  | |

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| 1. **Disclaimer and Signatures – Undergraduate Student** | |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award. | |
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| Signature of undergraduate student | Date |
|  | |

Submit completed application packages to Leah Graystone, HQP and Events Coordinator, at [leahgraystone@nanomedicines.ca](mailto:leahgraystone@nanomedicines.ca). Only electronic applications will be accepted.