



### Alberta MS Network 2024 Summer Studentship Application Form

Applicant Information	
Name	
Telephone	
Email	
Date of Birth	
Mailing Address	
If high school student	School: *Must be accepted/enrolled in an undergraduate program to begin Fall 2024. Please include this information below.
If undergraduate student	Year:            Program: University:

Supervisor Information	
Name	
Telephone	
Email	
Mailing Address	

Project Information	
Project Title	
Project Location	
Brief <u>lay</u> description (100 words max)	

**List of Applicant's Awards & Achievements**

Year	Activity

**List of Applicant's Research Experience**

Year	Activity



### Work Term

3 months       4 months

Proposed start date:

Proposed end date:

### Funding

Have you applied, or are you applying for any other summer scholarships or studentships? Choose an item.

If yes, please list the awards:

### Attachments

Research Plan. *Describe the MS-related research project that you will be conducting. Please use Times New Roman font, 12 pt. and **do not** exceed 1 page.*

Transcripts. *Please provide a copy of the most up-to-date transcripts of your academic record.*

Reference Letter. *This letter of support is to come from any non-family member who is familiar with your skills (e.g. a professor or an employer, not your proposed supervisor).*

Faculty Sponsor Letter. *This letter of support is to come from your proposed supervisor.*

### Signature

Student signature

Date

If awarded, supervisor agrees to provide a top-up of \$600 per month.

Supervisor signature

Date

Submission deadline is February 29, 2024.

Application and questions can be directed to [t.lichtenberger@ucalgary.ca](mailto:t.lichtenberger@ucalgary.ca).

HERTIAGE MEDICAL RESEARCH BUILDING, 3330 HOSPITAL DR NW CALGARY, ALBERTA, T2N 4N1  
TELEPHONE 403-210-6351 | FAX 403-283-8731 | [WWW.ALBERTAMSNETWORK.CA](http://WWW.ALBERTAMSNETWORK.CA)