Please indicate your name and program start date. *If you have transferred from a Master’s to a Ph.D. program without receiving a Master’s degree, please indicate the start date of your Master’s program.*

|  |  |
| --- | --- |
| Graduate Program | Master’s or Ph.D.? |
|  |  |
| Student Number | Start Date (MM/YYYY) |
|  |  |

List your undergraduate and graduate awards or scholarships received or currently holding, starting with your most recent award. You may include declined awards. One page maximum.

|  |  |  |  |
| --- | --- | --- | --- |
| Award Name | Total Amount  (/ Years) | Location Award was Held | Dates Held (MM/YYYY–MM/YYYY) |
| Example Award  Example Conference Travel Award | 105000/3yrs  1000 | UBC  Example Conference | 09/2012 - present  04/2013 |

List your research or research-related experiences, starting with the most recent experience. (One-page max)

|  |  |
| --- | --- |
| Research Experience | Dates (MM/YYYY – MM/YYYY) |
|  |  |

Provide a summary of your research project or proposed research project in plain language. Note that as the review process will be blind, **you should not use gender-specific pronouns or similar identifying characteristics**, including your name (list instead “The Trainee” as needed). One page maximum.

|  |
| --- |
| Project Title |
|  |

|  |
| --- |
|  |

List your publications and other contributions, beginning with your most recent publication. Note that as the review process will be blind, **you should not use gender-specific pronouns or similar identifying characteristics**, including your name (list instead “The Trainee” as needed). One page maximum. Please see Instructions & FAQs for formatting guidelines.

|  |
| --- |
|  |

**\*\*\*Supplementary Application Form for the Richard A. Robertson Memorial Service Award in Medicine\*\*\***

*The following section should only be completed by students who are applying for the Richard A. Robertson Memorial Service Award in Medicine*

Describe your extracurricular and community service activities, and any leadership roles you have held. Note that as the review process will be blind, **you should not use gender-specific pronouns or similar identifying characteristics**, including your name (list instead “The Trainee” as needed). One page maximum.

|  |
| --- |
|  |

*The undersigned agrees that the general conditions governing all funding of these awards as set out in the enclosed guidelines apply to any award made pursuant to this application and are hereby accepted by the applicant and the department in which the student is receiving the training.*

Note that as a part of the blind review process, this final page will be redacted from your adjudication package and is for administrative purposes only.

|  |  |
| --- | --- |
| Student Signature | Supervisor Signature |
|  |  |
| Student Name (printed) | Supervisor Name (printed) |
|  |  |
| Date | Date |
|  |  |