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## **APPLICATION FORM FOR THE CANOC SCHOLARSHIP PROGRAMME**

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Note: This application must be completed in full. The completed application must be received no later than June 15<sup>th</sup>, 2020.

### **Application checklist**

This application contains:

- The application form, fully completed and signed
- A covering letter from the candidate
- A letter of undertaking from the proposed supervisor
- Letters from at least two references
- Any other pertinent documents

### **Application deadline: June 15th, 2020**

Please complete and submit this application form via email to the **CANOC Coordinator**.

Alison McClean  
CANOC Coordinator  
BC Centre for Excellence in HIV/AIDS  
1026 Nelson Street  
Vancouver, BC V6E  
Phone: 604-558-6675  
Email: [amcclean@cfenet.ubc.ca](mailto:amcclean@cfenet.ubc.ca)

[www.canoc.ca](http://www.canoc.ca)



1. FAMILY NAME, GIVEN NAME		
	_____	
2. DATE OF BIRTH		
	DD MM YY	
3. CITIZENSHIP STATUS		
	<input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident in Canada <input type="checkbox"/> Foreign	
4. MAILING ADDRESS		
	Address Line 1:	
	Address Line 2:	
	City:	
	Province:	Postal Code:
	Phone (w):	Phone (h):
		Phone (c):
	Email:	
5. INDICATE THE LEVEL OF SCHOLARSHIP FUNDING BEING SOUGHT		
	<input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Posdoctoral	
6. LOCATION OF PROPOSED TRAINING		
	Department	_____
	Faculty	_____
	University	_____
	Supervisor(s)	_____
	Supervisor	_____
	Telephone	

	Complete mailing address of training	_____		
<b>7. DEGREES AND SPECIALTY CERTIFICATIONS</b>				
Include those expected in the next twelve months.	Type	_____		
	Institution	_____		
	Specialty	_____		
	Date	_____		
<b>8. ACADEMIC EXPERIENCE</b>				
<p>List chronologically all academic experience to date, including clinical training and research.</p> <p>Indicate the institutions concerned in the case of research experience (including MSc or PhD training).</p> <p>Also provide the name of your supervisor and the subject of your research.</p>	_____			
<b>9. COMMUNITY EXPERIENCE</b>				
<p>List chronologically all experience in the last 5 years working with community members.</p>				
<b>10. HONOURS AND AWARDS</b>				
<p>List the undergraduate and graduate awards that you have held, indicating type and dates.</p>	_____			
<b>11. PUBLICATIONS</b>				
Attach a list of (a) the papers (b) the book chapters and (c) abstracts		<b>Number of Papers</b>	<b>Number of Book Chapters</b>	<b>Number of Abstracts</b>

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<p>you have published and/or submitted, giving the titles, references, and co-authors (if any). Also, please indicate briefly the extent of your contribution.</p> <p>Note that copies of your publications (published or in press) are not required.</p>	<b>Co-author</b>	_____	_____	_____
	<b>First Author</b>	_____	_____	_____
	<b>Sole Author</b>	_____	_____	_____
	<b>Total</b>	_____	_____	_____

**12. FIELDS OF PROPOSED RESEARCH TRAINING AND OBJECTIVES**

	a) Major (one only)	_____
	b) Minor (maximum of 2)	_____
	c) Objectives	_____

**13. REFERENCES**

<p>Give (list) the names of at least two individuals whose assessments accompany this application.</p>	_____
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**14. TITLE AND SUMMARY OF RESEARCH TO BE CONDUCTED BY THE CANDIDATE UNDER THE PROPOSED SCHOLARSHIP**

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**15. COMMUNITY ENGAGEMENT PLAN**

<p>How will your research affect people living with and affected by HIV/AIDS and those at risk?</p>	_____
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**16. TRAINING TIME ALLOCATION**

<p>Percentage of time per week expected to be dedicated to the development of the CANOC research project (this may include literature review, coursework, analysis, etc) relative to other academic commitments.</p>	<p>Research Training:            %</p>
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**17. UNDERTAKING OF APPLICANT**

<p>I understand and agree to fulfill the requirements of this scholarship as described in the guidelines.</p>
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<b>SIGNATURE</b>	<b>DATE</b>
<b>18. UNDERTAKING OF TRAINING SUPERVISOR</b>	
If a scholarship is awarded, I will accept the scholar for research training in my centre. Adequate resources will be available to cover the costs of the scholar's research.	
<b>SIGNATURE</b>	<b>DATE</b>