

## ELEANOR MACKIE DOCTORAL SCHOLARSHIP IN WOMEN'S HEALTH APPLICATION FORM

**DEADLINE: 4:30pm (MT) November 15, 2019**

### APPLICANT INFORMATION

Family Name:	First Name(s):
UCID #:	
E-mail Address:	Phone number:
Citizenship Status (at time of registration) Select one:	

### ACADEMIC INFORMATION

Graduate Program in which you will be registered:		
Master's Thesis-based	Master's Course-based	Doctoral
Registration status Select one:	Date you started program:	

**By submitting this application to the program, I declare that:**

1. I agree to having read and understood the instructions for the above selected award categories and that I meet the eligibility requirements as listed in the Graduate Awards Database.
2. I have answered all questions applicable to me and that all information is true and complete.
3. I will notify my program and the Graduate Scholarship Office if I withdraw from full-time status, receive other external, faculty or departmental scholarships/ bursaries/ awards or otherwise change my student status.
4. My program may request additional information pertaining specifically to my academic performance and enrolment status for the purpose of determining my eligibility for scholarships/bursaries.
5. In applying for an award, pertinent information may be released to the donor of the award, provincial funding bodies, faculty offices, appropriate University of Calgary administrative offices.
6. If I receive an award the amount may be disclosed to the Financial Services.
7. If I receive an award, I will acknowledge the private donor(s) of the award with a personal letter of thanks and I understand that my contact information will be given to the donor.
8. I understand the information provided on this application may be used for research and statistical analysis.

Applicant Name:	Date:
Signature:	

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for graduate scholarships, awards and bursaries. If you are or become a student at the University of Calgary, this information will form part of the student record. Please direct any questions about the use of this information to the FOIP Advisor, Faculty of Graduate Studies, University of Calgary, Calgary, Alberta, Canada T2N 1N4. Telephone: (403) 220-4938.

## Referees, Academic History and Scholarship History

**REFERENCE LETTERS** *If you are currently in an academic program, one of the referees must be your supervisor or someone familiar with your current academic work. References for admission may be used toward the scholarship competition as long as they have been written within the last twelve months prior to the competition deadline. Reference letters should be emailed to [awardsgse@ucalgary.ca](mailto:awardsgse@ucalgary.ca) by the **November 15, 2019 deadline**.*

Referee #1:

Referee #2:

**ACADEMIC HISTORY AND TRANSCRIPTS** *List and provide transcripts for ALL post-secondary institutions you have attended whether or not you received a degree from those institutions, **including current University of Calgary transcript even if no grades are assigned**. Additional institutions may be attached on a separate page.*

Academic Institution and Country	Degrees/Diplomas (Completed and in progress)	Month/Year Started	Month/Year Awarded (or expected)

**SCHOLARSHIPS, AWARDS AND BURSARIES RECEIVED** *List up to ten [scholarships/awards/bursaries](#) that you have been awarded.*

Name of Scholarship or Award	Month/Year Started	Month/Year Ended	Value	Source of Funds (Federal, Provincial etc)

**Research Proposal or Statement of Study**

Your [research proposal or statement of study](#) should demonstrate evidence of solid and wide knowledge of the discipline and your ability to communicate it to a non-specialist audience. Do not exceed this page.

## Contributions

***Presentations, Performances, Exhibitions:** Use consistent formatting as described in the [categories of publications](#). Additional pages may be attached. Check box if N/A*

**Contributions cont'd**

**Publications:** Use consistent formatting as described in the [categories of publications](#). Additional pages may be attached. Check box is N/A