

# Division of Medical Sciences Summer Research Studentship Application and Award Guidelines 2022

# **OBJECTIVE**

The purpose of the Division of Medical Sciences (DMS) Summer Research Studentship (SRS) program is to provide financial assistance to undergraduate students and/or undergraduate medical and physiotherapy students pursuing a summer research position under the supervision of a DMS faculty member.

# <u>ELIGIBILITY</u>

Applicants must meet the following criteria:

- be an undergraduate student registered in a health-related field at UBC or UNBC, be a 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup>
  Year UBC medical student or be a UBC physiotherapy student
- Applicants must have secured a training position with a supervisor who is a faculty member of the DMS, which is the responsibility of the trainee

Recipients must **not** have received summer studentship funding from other sources (e.g. UBC SSRP, BC Cancer, NSERC USRA, Michael Smith). If you are awaiting a decision from one of these funding sources, you are eligible to apply, but must decline one of the funding sources.

# VALUE OF REQUESTS AND AWARD CONDITIONS

# Summer Research Studentship Competition:

The DMS Office of Research Services will provide a weekly stipend of \$375 per week to a maximum of \$4,500 for a maximum of 20 hours per week. Supervisors may supplement this stipend and supervisor and trainee may choose to increase the hours per week at their agreement, including volunteer hours.

The studentship awards may be held for a minimum of 4 weeks to a maximum of 12 weeks during the May through August term. The stipend will be prorated based on the student's term.

A maximum of \$15,000 may be awarded for 2022 competition.

**Only one application per supervisor, per student may be submitted to the DMS SRS competition**. If the student is successful in obtaining a major award or a combination of several awards greater than or equal to the DMS Summer Studentship stipend amount, the student is expected to decline the DMS Summer Studentship award or the other award granted.

Students are not allowed paid vacation time as part of this stipend. DMS Summer Research Studentship awards may only be used for salary support and not for travel, relocation, or other purposes. These positions are intended for students to provide research experience while students are on summer break.

# **EVALUATION CONSIDERATIONS**

DMS SRS applications will be reviewed by the DMS Summer Research Studentship Committee. Committee members are responsible for assessing the application and providing brief notes and a determination of funding. Any issues with the application are to be discussed at the review meeting and resolved by consensus.

The DMS Summer Research Studentship committee is comprised of the following individuals:

- DMS Research Lead
- DMS Regional Associate Dean or NMP Assistant Dean
- 2 DMS Faculty Members
  - Note: must not adjudicate their own application

## **Evaluation Criteria**

- Quality of the candidate: Proof of Good Standing, previous research experience, publications, awards
- Student benefits and learning objectives
- Quality of the proposed project
- Quality of the supervisor: publications, grant support, experience in trainee supervision

## **APPLICATION INSTRUCTIONS**

Complete and submit the DMS Summer Research Studentship Application form and supporting documents to <u>lisa.munro@unbc.ca</u> by the deadline date below:

#### APPLICATION DEADLINE: March 15, 2022 by 4:00 pm

#### ANTICIPATED NOTICE OF DECISION: April 5, 2022

Late or incomplete applications will not be considered.

#### Please note:

- Only ONE application per supervisor may be submitted,
- Completed form must be signed by both the Student and Supervisor
- All questions must be answered
- Proof of Good Standing must be included, or authorization given to verify Good Standing Status
- Supervisor CV must be included

For more information, or for assistance with completing your application, please reach out to: Lisa Munro at <u>lisa.munro@unbc.ca</u> or Dr. Rob Olson at <u>rolson2@bccancer.bc.ca</u>



1a. APPLICANT INFORMATION		
Full Name:	Student ID:	
Email Address:	Telephone:	
Mailing Address:	Postal Code:	

# UNDERGRADUATE STUDENTS

Institution:

Program:

Year of Study:

I have provided proof of Good Standing Status (include unofficial transcript or letter from Registrar's office)

#### UBC MEDICAL STUDENTS

Year of Study:

I authorize the review committee to access my student record to verify Good Standing status

I have provided proof of Good Standing status (include unofficial transcript or letter from Registrar's office)

#### **1b. STUDENT STATEMENT**

Describe why you would like to participate in this particular project with this specific supervisor (500 word limit)

#### **1c. RESEARCH EXPERIENCE**

Describe your relevant research experience (examples include positions held, conference publications, journal publications, research awards) (500 word limit)

## **2. PROJECT INFORMATION**

Project Title:

Hypothesis/Research Question being addressed:

Summary of Proposed Research: (Limit: 500 words)

Student's responsibilities/research activities for the project:

Student's learning objectives:

# **3. ETHICAL APPROVAL**

Is ethics (human or animal) required for this project?

□ Yes □ No

If yes, please indicate the status of approval:

□ Approval already received. **UBC/UNBC File No:** 

□ Application in progress. Date application submitted/expected to be submitted:

 $\hfill\square$  Ethics application will be part of the student's role in the project

# **4. FUNDING REQUEST**

Have you applied to other funding for this proposal?	Yes 🗆 No 🗆
If yes, what is the funding agency/source?	
Was the funding application successful?	Yes 🗆 No 🗆 Not Sure Yet 🗆
Term start date:	Number of weeks:
Term end date:	Total funding request: \$

5. LOCATION OF RESEARCH		
City/Region:	Centre: Hospital:	

6. SUPERVISOR INFORMATION		
Supervisor (Faculty Member) Name:	Telephone:	
Position/Appointment:	Email:	
*Please include a current CV with submission*		

SIGNATURES	
Supervisor I have discussed the above program with the applicant and I am prepared to accommodate the individual and to supervise his/her work if a studentship is awarded*	<b>Student Applicant</b> <i>I understand that if my application is successful, and I accept this Studentship, I will not accept a scholarship, bursary, or studentship from any other source for the period covered by this studentship*, AND my name, contact information, and project details may be made available to studentship sponsors for publicity and reporting purposes.</i>
Date Signed:	Date Signed: