## Applications that do not include all of the items or on this checklist are incomplete and will not be processed and returned. Application material should be in the order below:

|  |  |  |
| --- | --- | --- |
| **Last Name, First Name** |  | The attached application package includes: |
| **UCID** |  |
| 1. **Application Checklist** (*attached to the top of application*) | |  |
| 1. **Completed and signed application form** (*Section 1)* | |  |
| 1. **Applicant’s CV, including information about:**  * *Academic History (ALL post-secondary institutions you have ever attending);* * *University Academic Achievements like scholarships, prizes, and awards;* * *Research and other relevant experience;* * *List of candidate’s scientific publications (incl. peer reviewed manuscripts, reviews, and abstracts/presentations, invited reviews or book chapters published or in press.* | |  |
| 1. **Academic Record section completed** *(Section 2)* | |  |
| 1. **Letters of Reference / Support section completed** *(Section 3)* | |  |
| 1. **Two references letters** (*from your supervisor, plus one reference, as outlined in Section 3 – Reference Letters, Academic and Scholarship History)*   REFERENCE LETTERS SHOULD BE E-MAILED DIRECTLY TO [**libin@ucalgary.ca**.](mailto:libin@ucalgary.ca) If you have applied for a LCI Scholarship in the past 12 months and were not successful, you may reuse the same reference letters from your last application. | |  |
| 1. **Supervisor’s CCV** (as outlined in Section 3 – Letters of Reference / Support) (attachment) | |  |
| 1. **Research Proposal section complete** (Section 4) | |  |
| 1. [**CIHR Sex & Gender Online Training Module Certificate**](https://cihr-irsc.gc.ca/e/49347.html) **(only 1 required)** *(attachment)* **(NEW)** | |  |
| 1. **Application and attachments are saved as ONE PDF** | |  |
| 1. **Application file name is in the following format:**  * *Last Name, First Name – LCI Scholarship Application (Deadline Month & Year).PDF* | |  |

**Complete applications should be e-mailed in a SINGLE PDF (with individual sections as outlined in checklist above bookmarked) to:**

Libin Cardiovascular Institute

E-mail: [**libin@ucalgary.ca**](mailto:libin@ucalgary.ca)

**AWARD CATEGORY SELECTION**

Select the award category(s) to which are you applying:

 [**BRAIN CREATE Program**](https://libin.ucalgary.ca/trainees/opportunities/funding-opportunities)

* Cumming School of Medicine Postdoctoral Scholars Program (CSM PDF) (not available)

¨ Postdoctoral Fellowship in Women’s Cardiovascular Health (not available)

1. **APPLICANT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | **First Name(s)** | | **Middle Initial(s)** | **UCID #** | |
|  | |  | |  |  | |
| **Birthdate (MM/DD/YY)** | |  | | **Gender** | * Male * Female | |
| **E-mail Address** | |  | | | | |
| **Complete Mailing Address** | |  | | | | |
| **Phone Number** | |  | | | | |
| **Citizenship Status (at the time of application)** | |  | | | | |
| **AWARD SELECTION** | | * **2-Year New Postdoctoral Scholarship** * **1-Year Postdoctoral Scholarship Extension (Applicable to CSM PDF award only)** | | | | |
| **SIGNATURE**  The undersigned agree to, and accept, the general conditions governing any award made pursuant to the sponsorship of this application as set out in the Cumming School of Medicine Postdoctoral Scholars Program, Kertland Family in Vascular Biology, and/or Postdoctoral Scholarship in Women’s Cardiovascular Terms of Reference(s). | | | | | | |
|  | **Signature** | | **Printed Name** | | | **Date (MM/DD/YY)** |
| Supervisor |  | |  | | |  |
| Co-supervisor |  | |  | | |  |
| Applicant |  | |  | | |  |

**LOCATION OF PROPOSED RESEARCH TRAINING**

|  |  |
| --- | --- |
| **Proposed Supervisor** | |
|  | |
| **Complete Mailing Address** | **Contact Details** |
|  | Phone: |
| E-mail: |
| **Supervisor’s Libin Membership Status** | * Primary Member * Associate Member * Non-Member |
| **Faculty Rank of Proposed Supervisor** |  |
| **Faculty Start Date (MM/YY)** |  |

|  |
| --- |
| **PROJECT TITLE** |
|  |

|  |  |
| --- | --- |
| **PROGRAM** | |
| Anticipated start date of training program (MM/YY) |  |
| Anticipated completion date of training program (MM/YY) |  |
| Proposed start date of award (MM/DD/YY) |  |

|  |  |  |
| --- | --- | --- |
| **PROJECT INFORMATION** | | |
| Does your project involve: | | |
|  Use of animals |  Human subjects |  Biohazards |
| Other agencies to which a similar application will be submitted: | | |
|  AIHS |  CIHR |  Other: |

1. **ACADEMIC RECORD**

|  |
| --- |
| **ACADEMIC DISRUPTION**  If there has been an interruption in your academic career, please indicate the period, reasons for the interruption, or experiences gained that are relevant to your future studies and intended career path (optional).  *Write up to 2500 characters.* |
|  |

|  |
| --- |
| APPLICANT’S ACCOMPLISHMENTS Outline any relevant academic, leadership, work and/or research accomplishments and/or experiences that have contributed to your career development to date. This may include academic, non-academic and research achievements. Provide background information on major scholarships and awards and their significance.  *Write up to 3500 characters.* |
|  |

1. **REFERENCE LETTERS, ACADEMIC & SCHOLARSHIP HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCE LETTERS**  Provide the full name, institute/organization, phone number and e-mail of your **supervisor**, **plus one reference** who has been asked to submit a letter of reference/support on your behalf. Reference letters should be e-mailed directly to [**libin@ucalgary.ca**](mailto:libin@ucalgary.ca) by your references.  The proposed supervisor should submit a letter providing details and rationale for selecting and proposing the candidate for support. Letters should highlight the candidate’s strengths, quality of the candidate, and highlight a match between the candidate’s and supervisor’s research interests. | | | |
| **Supervisor** | | | |
| **Full Name** |  | | |
| **Institution / Organization** |  | | |
| **Phone Number** |  | **E-mail** |  |
|  | | | |
| **Reference #1** | | | |
| **Full Name** |  | | |
| **Institute / Organization** |  | | |
| **Phone Number** |  | **E-mail** |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Research Trainees**  List all trainees over the past 5 years (in program or completed). *Use additional pages if necessary.* | | | |
| **SURNAME, FIRST NAME** | **PROGRAM/LEVEL**  **(MSc, PhD, PDF, etc.)** | **DATE OF TRAINING** | |
| **FROM (MM/YY)** | **TO (MM/YY)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Supervisor to Discuss Training Environment and Role of Trainee in Proposed Research Project**  Describe in specific detail the resources available to support the applicant’s research and the broad training opportunities the environment provides. Outline the benefit for the applicant in this environment, highlighting the facilities and other personnel the trainee will have the opportunity to interact with. Detail the role of the trainee in the proposed research project and how it links to the supervisors’ research program and/or research group.  *Write up to 3500 characters.* |
|  |

# RESEARCH PROPOSAL

|  |
| --- |
| In the space provided below, provide a summary of the research project the applicant will undertake. The research plan outlining the project should state the specific objectives, the methodological approach, and the defined key milestones and deliverables to be achieved. *Write up to 3500 characters.* |
|  |

|  |
| --- |
| **WOMEN’S CARDIOVASCULAR HEALTH INITIATIVE (IF APPLICABLE)**  **Only complete this section if you are applying for the Postdoctoral Fellowship in Women’s Cardiovascular Health.** Please describe how your project relates to women’s health. *(max 100 words)* |
|  |

|  |
| --- |
| **BRAIN CREATE POSTDOCTORAL TRAINING PROGRAM (IF APPLICABLE)**  **Only complete this section if you are applying for the BRAIN CREATE program.** Please describe how your project relates to the development of neurotechnologies and how it could drive potential commercial spinoff. *(max 100 words)* |
|  |

# SEX & GENDER MODULE CERTIFICATE (NEW)

There is an increasing emphasis on the inclusion of sex- and gender-based science research by major funding agencies. To help Libin trainees be more pro-active and prepare strong applications to tri-council agencies, trainees are required to complete a CIHR Sex & Gender Online Training Module. There are three modules, where the applicant can choose depending on the type of research they conduct. Each module takes about 45 minutes to complete.

Below is a link to the modules:

[**CIHR Sex & Gender Online Training Module Certificate**](https://cihr-irsc.gc.ca/e/49347.html)

Once you have completed your module, please attach the downloadable certificate to your scholarship application. This is a requirement for **all** applications.