

# LIBIN CARDIOVASCULAR INSTITUTE OF ALBERTA (LCIA) GRADUATE AWARD APPLICATION CHECKLIST



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 ( <i>attached to top of application</i> )		<input type="checkbox"/>
2. Completed and signed application form ( <i>page 2</i> )		<input type="checkbox"/>
3. Academic Record section completed ( <i>page 3</i> )		<input type="checkbox"/>
4. Reference Letters, Academic and Scholarship History section completed ( <i>page 4</i> )		<input type="checkbox"/>
5. Three references letters ( <i>from your supervisor, plus two references, as outlined in Section 3 – Reference Letters, Academic and Scholarship History</i> ) REFERENCE LETTERS SHOULD BE E-MAILED DIRECTLY TO <a href="mailto:libinscholarships@ucalgary.ca">libinscholarships@ucalgary.ca</a> . If you have applied for a LCIA Scholarship in the past 12 months and were not successful, you may reuse the same reference letters from your last application.		<input type="checkbox"/>
6. Research Proposal section completed ( <i>page 6</i> )		<input type="checkbox"/>
7. Bibliography and Works Cited section completed ( <i>page 7</i> )		<input type="checkbox"/>
8. Contributions section completed ( <i>page 7</i> )		<input type="checkbox"/>
9. Leadership experience and interpersonal skills section completed ( <i>page 8</i> )		<input type="checkbox"/>
10. Supervisor's and co-supervisor's (if applicable) <a href="#">biosketch</a> ( <i>attachment</i> )		<input type="checkbox"/>
11. Transcripts ( <i>attachment</i> )		<input type="checkbox"/>
12. <a href="#">CIHR Sex &amp; Gender Online Training Module Certificate</a> (only 1 required) ( <i>attachment</i> ) (NEW)		<input type="checkbox"/>
13. Application and attachments are saved as ONE PDF		<input type="checkbox"/>
14. Application file name is in the following format: • Last Name, First Name – LCIA Scholarship Application (Deadline Month & Year).PDF		<input type="checkbox"/>

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

Libin Cardiovascular Institute of Alberta

Phone: (403) 220-5801

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

# LIBIN CARDIOVASCULAR INSTITUTE OF ALBERTA (LCIA) GRADUATE AWARD APPLICATION FORM



## AWARD CATEGORY SELECTION

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

- [LCIA MSc Graduate Scholarship](#)
- [LCIA MSc Graduate Scholarship – Women’s Cardiovascular Health Initiative](#)
  - [LCIA PhD Graduate Scholarship](#)
- [LCIA PhD Graduate Scholarship – Women’s Cardiovascular Health Initiative](#)
  - [Kertland Family Doctoral Scholarship in Vascular Biology](#)
  - [Giving Day Scholarships](#)
  - [BRAIN CREATE Program](#)

### 1. APPLICANT

<b>Surname</b>	<b>First Name(s)</b>	<b>Middle Initial(s)</b>	<b>UCID #</b>
<b>E-mail Address</b>			
<b>Phone Number</b>			
<b>Citizenship Status (at the time of application)</b>			
<b>Graduate Program (in which you will be registered)</b>			
<b>Degree Program (in which you will be registered)</b>			
<b>Registration Status</b>			
<b>Name of Proposed Supervisor</b>			
<b>Please confirm that your supervisor is a full member of the Libin Institute.</b>		<input type="radio"/> Yes <input type="radio"/> No	
<b>Faculty Rank of Proposed Supervisor</b>			
<b>Current GPA</b>			
<b>Proposed Start Date of Scholarship</b>			
<b>Have you presented at the Libin Institute’s Research Update Seminar Series (RUSS) (or equivalent) this academic year? Please list date (or scheduled date).</b> <i>Please note that all Master’s and PhD students are required to present at RUSS as part of their programs.</i>			
<b>SIGNATURE</b> 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 terms of references of the following: LCIA MSc Graduate Scholarship, LCIA MSc Graduate Scholarship – Women’s Cardiovascular Health Initiative, LCIA PhD Graduate Scholarship, LCIA PhD Graduate Scholarship – Women’s Cardiovascular Health Initiative, Kertland Family Doctoral Scholarship in Vascular Biology, and/or Giving Day Scholarships. Furthermore, the undersigned are aware that all graduate scholarships and awards administered by the Faculty of Graduate Studies (FGS), including those disbursed on behalf of external granting agencies, are governed by clearly defined policies and regulations ( <a href="http://grad.ucalgary.ca/awards/regulations-policies-and-guides">http://grad.ucalgary.ca/awards/regulations-policies-and-guides</a> ).			
	<b>Signature</b>	<b>Printed Name</b>	<b>Date (MM/DD/YY)</b>
Supervisor			
Co-supervisor			
Applicant			

**ACADEMIC RECORD**

<b>ACADEMIC HISTORY</b>			
List ALL post-secondary institutions you have attending whether or not you have received a degree from those institutions. Indicate the dates of tenure from newest to oldest. Additional institutions may be attached if required.			
Academic Institute & Country	Degrees / Diplomas (MA, PhD, etc.)	Dates of Enrollment	
		FROM (MM/YY)	TO (MM/YY)

<b>SCHOLARSHIPS, PRIZES AND AWARDS</b>				
List scholarships, prizes and awards that you have received. Do not include group awards or grants. Indicate the dates of tenure from newest to oldest.				
Name of Scholarship or Award	FROM (MM/YY)	TO (MM/YY)	Value	Source of Funds (e.g., federal, provincial, etc.)

## 2. REFERENCE LETTERS, ACADEMIC & SCHOLARSHIP HISTORY

### REFERENCE LETTERS

Provide the full name, institute/organization, phone number and e-mail of your **supervisor, plus two references** who have been asked to submit a letter of reference/support on your behalf. Reference letters should be e-mailed directly to [libinscholarships@ucalgary.ca](mailto:libinscholarships@ucalgary.ca) by your references.

Your supervisor's letter should include the following:

- Confirmation of matching funding from the principal investigator (if applicable)
- Quality of the training environment

#### Supervisor

<b>Full Name</b>			
<b>Institution / Organization</b>			
<b>Phone Number</b>		<b>E-mail</b>	

#### Reference #1

<b>Full Name</b>			
<b>Institute / Organization</b>			
<b>Phone Number</b>		<b>E-mail</b>	

#### Reference #2

<b>Full Name</b>			
<b>Institute / Organization</b>			
<b>Phone Number</b>		<b>E-mail</b>	

### 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. *Do not exceed the space provided below.*

**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. *Do not exceed space below.*

### 3. 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. *Do not exceed the space provided below.*

**WOMEN'S CARDIOVASCULAR HEALTH INITIATIVE (IF APPLICABLE)**

**Only complete this section if you are applying for a scholarship through the LCIA's Women's Cardiovascular Health Initiative.** Please describe how your project relates to women's health. (*max 100 words*)

**BRAIN CREATE GRADUATE TRAINING PROGRAM (IF APPLICABLE)**

Only complete this section if you are applying for the BRAIN CREATE program. Describe how your project relates to the development of neurotechnologies and how it could drive potential commercial spinoff. Note that neurotechnologies are broadly defined and your research project need only have the potential for commercialization or patient use in the short or long term. Please contact [braincreate@ucalgary.ca](mailto:braincreate@ucalgary.ca) if you have any questions. (max 100 words)

<b>PROJECT INFORMATION</b>		
Does your project involve:		
<input type="checkbox"/> Use of animals	<input type="checkbox"/> Human subjects	<input type="checkbox"/> Biohazards
Other agencies to which a similar application will be submitted:		
<input type="checkbox"/> AIHS	<input type="checkbox"/> CIHR	<input type="checkbox"/> Other: _____



#### 4. BIBLIOGRAPHY & WORKS CITED

Use proper citations for all references in your research proposal. Attach additional pages as necessary.

#### 5. CONTRIBUTIONS

**Publications, presentations**  
Attach additional pages as necessary.

## 6. LEADERSHIP EXPERIENCE & INTERPERSONAL SKILLS

List relevant work and leadership experience, project management, involvement in academic life, and volunteerism. *Do not exceed the space below.*

## 7. 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 Tutorial. There are three tutorials, 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](#)

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

## 8. CONTACT

Libin Cardiovascular Institute of Alberta

Phone: (403) 220-5801

Submit applications to: [libinscholarships@ucalgary.ca](mailto:libinscholarships@ucalgary.ca)

Questions: [libin@ucalgary.ca](mailto:libin@ucalgary.ca)