

LIBIN CARDIOVASCULAR INSTITUTE (LCI) POSTDOCTORAL 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>Section 1</i>)		<input type="checkbox"/>
3. Academic Record section completed (<i>Section 2</i>)		<input type="checkbox"/>
4. Letters of Reference / Support section completed (<i>Section 3</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 libinscholarships@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.		<input type="checkbox"/>
6. Supervisor’s CV (as outlined in Section 3 – Letters of Reference / Support) (attachment)		<input type="checkbox"/>
7. Research Proposal section complete (<i>Section 4</i>)		<input type="checkbox"/>
8. Transcripts (for Kertland Postdoctoral Scholarships only) If you are applying for the Cumming School of Medicine Postdoctoral Scholars Program, transcripts are not required.		<input type="checkbox"/>
9. CIHR Sex & Gender Online Training Module Certificate (only 1 required) (<i>attachment</i>) (NEW)		<input type="checkbox"/>
10. Application and attachments are saved as ONE PDF		<input type="checkbox"/>
11. Application file name is in the following format: <ul style="list-style-type: none"> • <i>Last Name, First Name – LCI Scholarship Application (Deadline Month & Year).PDF</i> 		<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
E-mail: libinscholarships@ucalgary.ca

LIBIN CARDIOVASCULAR INSTITUTE (LCI) POSTDOCTORAL AWARD APPLICATION FORM



AWARD CATEGORY SELECTION

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

- [Cumming School of Medicine Postdoctoral Scholars Program \(CSM PDF\)](#)
 - [Kertland Family Postdoctoral Scholarship in Vascular Biology](#)
 - [Postdoctoral Fellowship in Women's Cardiovascular Health](#)
 - [BRAIN CREATE Program](#)

1. APPLICANT

Surname	First Name(s)	Middle Initial(s)	UCID #
Birthdate (MM/DD/YY)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail Address			
Complete Mailing Address			
Phone Number			
Citizenship Status (at the time of application)			
AWARD SELECTION			
<input type="checkbox"/> 2-Year New Postdoctoral Scholarship		<input type="checkbox"/> 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	<input type="radio"/> Primary Member <input type="radio"/> Associate Member <input type="radio"/> 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:		
<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: _____

2. ACADEMIC RECORD

ACADEMIC HISTORY				
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.				
DEGREE / DIPLOMA / SPECIALIZATION	ACADEMIC INSTITUTE / COUNTRY	SUPERVISOR	DATES OF ENROLLMENT	
			FROM (MM/YY)	TO (MM/YY)

UNIVERSITY ACADEMIC ACHIEVEMENTS (SCHOLARSHIPS, PRIZES AND AWARDS)

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. (Use additional pages if necessary)

PRIZES / HONOURS / AWARDS	SOURCE OF FUNDS (E.G., FEDERAL, PROVINCIAL, ETC.)	YEAR WON / HELD

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.*

RESEARCH EXPERIENCE / ACADEMIC RECORD

RESEARCH AND OTHER RELEVANT WORK EXPERIENCE				
FROM (MM/YY)	TO (MM/YY)	POSITION	INSTITUTION / COMPANY / CITY / COUNTRY	SUPERVISOR'S NAME

CANDIDATE PUBLICATIONS	
Please attach a list of your scientific publications. Include peer reviewed manuscripts, reviews, and abstracts / presentations under separate headings . List papers/reviews that have been published or accepted for publication, and abstracts/presentations at significant scientific meetings.	
# Peer reviewed manuscripts published	
# Manuscripts submitted	
# Abstracts and presentations	
# Invited reviews or book chapters published or in press	

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 the space provided below.*

3. 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 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	
Reference #2			
Full Name			
Institute / Organization			
Phone Number		E-mail	

Supervisor's Research Publications

On a separate page, list your publications for the last 5 years. Only list papers published or accepted for publication. Only list abstracts that include trainees under your supervision. Highlight the names of graduate level trainees and postdoctoral scholars.

Supervisor's Research Funding

List active research grants and only the portion of funding you receive. Do not list equipment or equipment maintenance grants or research allowances associated with studentship or fellowship awards. *Use additional pages if necessary.*

GRANTING AGENCY	ROLE (PI / CO-PI)	TITLE OF PROJECT	PERIOD OF SUPPORT	AMOUNT	YEAR	ACTIVE / PENDING
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>
						Active <input type="checkbox"/> Pending <input type="checkbox"/>

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 (MSc, PhD, PDF, etc.)	SOURCE OF SUPPORT		DATE OF TRAINING		# PUBLICATIONS IN PROGRAM	
		PERSONAL AWARDS (please specify)	SUPERVISOR'S GRANTS	FROM (MM/YY)	TO (MM/YY)	PAPERS	ABSTRACTS

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

4. 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 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)*

5. 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](#)

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