## **Major Student Research Awards**

## APPLICATION FORM - Manitoba Student Health Research Forum (MSHRF) - RFHS Graduate Studies

Applicant Name:				
College/Program:				
Department (if applicable):				
Student Number:				
UM Email Address:				
Home Address:				
City, Province:				
Postal Code:				
Telephone:				
Graduation Date: (or anticipated graduation)				
Research Title:	Program:	Master's	PhD	
Advisor Name:				
College				
Department (if applicable):				
Co-Advisor Name (if applicable):				
College				
Department (if applicable):				
Department (if applicable):  Advisory Committee Members (I	Name/College/D	epartment):		
	Name/College/D	epartment):		

## Research Area(s) of Consideration:

PhD Candidates		MSc Candidates	
Open/Unallocated	Pediatrics and Child Health	Open/Unallocated	
Cardiovascular	Population-based Research		
Infectious Diseases	Translational Research		
Infection and Immunity	Imaging/Radiology		
Neurobiology			

	eligibility criteria.	YES	NO
Applicatio	n Checklist:		
Th	ne applicant will submit the following:		
	an application package in a single PDF file in this order with file name dep	artment -	
	applicant surname that includes the following (in order):		
	application cover form;		
	a cover letter from the applicant summarizing their research acco	omplishment	s;
	curriculum vitae in Research Manitoba format;		
	an abstract of the thesis (if available);		
	publications and supporting materials;		
	if a previous recipient, outline of achievements since the last award	d (maximum c	ne page).
	a digital photo of the candidate suitable for use in the presentation of av	vard, should t	the
	candidate be selected as recipient of the award (landscape format; high i	esolution [0.	5 – 1 MB]
	preferred);		
Id	entify individuals that will submit the reference letters:		
	Referee Name:		
	Email Address:		
	Referee Name:		
	Email Address:		
Applicant	Signature:		
Name	Signature		

Advisor's Signature: