**ALAN ROSS ACADEMIC BURSARY AWARD**

**Form A – To be completed by Applicant**

**IMPORTANT:**

* Please send this completed form to Sally Crawford ([peds.admin@muhc.mcgill.ca](mailto:peds.admin@muhc.mcgill.ca)) by **September 1st**.
* Candidates must be eligible for, and apply to postgraduate training online through the Postgraduate Medical Education website: [http://www.mcgill.ca/pgme/admissions](http://www.mcgill.ca/pgme/admissions/apply).
* **Eligible** candidates must contact the Program Director to discuss his/her interest before applying
* Candidates must provide referees with the [***Reference Letter Instructions***](https://www.mcgill.ca/peds/files/peds/mcgill_department_of_pediatrics_-_reference_letter_instructions_0.pdf)
* **Form B –** To be completed by the Research Project Supervisor and Program Director

## Applicant Personal Information

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| Name: |  |  |  |
|  | Last | First | Middle |

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| Address: |  |
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| Phone: |  | Email: |  |

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| Place of Birth: |  | Citizenship: |  |

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| Date of Birth: |  |  |  |
|  | Month | Day | Year |

## 2. Program/Training Information

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| --- | --- | --- | --- | --- | --- | --- |
| a) Residency/Postgraduate Training Program Applied to: | | |  | | | |
| b) Program Director: |  | | | | | |
| c) Research Supervisor(s): | |  | | | | |
| d) Expected duration of training (in accordance with program length for which it is accredited) | | | | 1 Year | 2 Years |
| e) Are you proceeding, or planning to proceed to any additional degree? | | | | Yes | No |
| If yes, please specify the degree, discipline, institution, and expected year of completion: | | | | | |
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## 3. Education Background

*Please add rows to table below, as needed.*

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| **Degree(s)** | **Institution(s)** | **Date Acquired** |
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## 4. Postgraduate Experience

*Please add rows to table below, as needed.*

**a) Clinical Experience**

List chronologically all postgraduate clinical experience to date (residency, +/- fellowship, clinical practice). Indicate the titles and dates of all appointments, and the institutions

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| **Appointment Dates** | **Appointment Title** | **Institution** |
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| Please feel free to add details about clinical experience: |
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**b) Research experience**

List **chronologically** all research projects in which you were involved to date.

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| --- | --- | --- | --- |
| **Date**  (yyyy/mm/dd) | **Project Title** | **Applicant’s Contribution to the Project** (e.g. protocol development, data collection, manuscript writing etc…) | **Stage of the Project** (e.g. ongoing, completed, manuscript submitted for review, published etc…) |
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**c) Research Training**

List chronologically all research training that you have received to date, including courses offered by Department and Divisions, university courses, and postgraduate degrees

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| --- | --- | --- | --- |
| **Date**  (yyyy/mm/dd) | **Type of Training** (e.g. university course/workshop, Department/Division course or workshop, post-graduate degrees) | **Applicant’s Contribution to the Project** (e.g. protocol development, data collection, manuscript writing etc…) | **Stage of the Project** (e.g. ongoing, completed, manuscript submitted for review, published etc… |
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| Please feel free to add details about research training: |
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## 5. Publications

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| a) **Peer-reviewed papers** (with titles, references, and co-authors) |
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| b) **Non peer-reviewed papers** (with titles, references, and co-authors) |
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| c) **Abstracts** (with titles, references, and co-authors) |
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| d) **Oral presentations** (with titles, references, and co-authors and date/location/organization of presentation) |
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## 6. Busaries, Honours, and Awards

*Please add rows to table below, as needed.*

List all undergraduate and graduate bursaries, honours, and awards that you have held:

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| **Bursary/Honour/Award** | **Institution** | **Date Awarded** *(Month/Year)* |
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## 7. Research Skills and Impact

What research skills do you hope to acquire during your training? How will the Alan Ross Academic Bursary impact your future academic career? **(MAXIMUM 500 words)**

## 8. Additional Information

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| --- | --- | --- |
| Will you be seeking any other salary support? | Yes | No |

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| If yes, please provide more details: |
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## 9. Personal Statement

**Maximum 1 page**

**Please attach the personal statement to the end of this application**

Include comments on

1. Applicant’s research experience to date
2. Reasons you wish to apply for the Alan Ross Academic Bursary award
3. Reasons for choosing McGill University as your training environment
4. Applicant’s post-training career objectives, including your goals for research, teaching and clinical work.

Please use the following page formatting:

* + Page size: US letter 21.59 cm X 27.94 cm (8.5 in. X 11 in.)
  + Margins: 2 cm (3/4 in.)
  + Font: Arial 10 or Times New Roman 12
  + Line spacing: single space
  + Header:
* Applicant’s name: top right corner
* Personal statement – Alan Ross bursary: top left corner

## 10. Project description

**Maximum 2 pages**

**Please attach the project description to the end of this application**

Please provide a detailed description of the proposed project, including thefollowing sections:

1. Problematic and research hypothesis
2. Project objectives
3. Methods and analyse
4. Project feasibility
5. Project’s contribution to the advancement of science
6. References.

Please use the following page formatting:

* + Page size: US letter (21.59 cm X 27.94 cm or 8.5 in. X 11 in.)
  + Margins: 2 cm (3/4 in.)
  + Font: Arial 10 or Times New Roman 12
  + Line spacing: single space
  + Header:
* Applicant’s name: top right corner
* Project description – Alan Ross bursary: top left corner

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| Applicant Signature: |  | Date: |  |