FMHS Externally funded Summer Research Scholarships

2019-2020 Application Form

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| Applicant details | |
| Student name: |  |
| Student ID number: |  |
| Email address: |  |
| Phone number: |  |
| Degree & stage currently enrolled: |  |
| University/Institute: |  |
| Current cumulative grade point average: |  |
| I am a Māori student: Yes  No  Pacific Island student: Yes  No | |

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| Project details | |
| Name of sponsor: |  |
| Name of supervisor(s): |  |
| Supervisor department(s): |  |
| Project title: |  |
| Proposed start date: | Click here to enter a date. |
| Project category: Biomedical  Clinical  Public Health | |
| Ethical approval required: Yes  No | |
| If yes, has supervisor begun approval process: Yes  No | |

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| **Project background** |
| *Use this section to give a brief background & context for the project –* ***half page limit*** |

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| **Aims of project** |
| *Use this section to define the aims and/or hypotheses of* *the research project –* ***half page limit*** |

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| **Project outline & timeline** |
| *Please give a brief outline of the proposed project in terms of research design & methods. Include a timeline of work over the 10 week duration of the scholarship –* ***1 page limit*** |

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| **Project outcomes** |
| *Give a brief statement on the anticipated outcomes for both student & supervisor* ***– half page limit*** |

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| **Any other relevant information** |
| *Please indicate any previous Summer Scholarships, academic awards & research experience –* ***half page limit*** |

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| Signatures | |
| Supervisor signature: |  |
| Signatures | |
| HoD/S signature: |  |

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| **Academic Record** |
| *Please include a copy of your current Academic record/transcript within the final PDF application – please then delete these instructions* |

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| **Bank Account Details** |
| *Please attach a screen print of your current bank account details within the final PDF application – including bank name, bank logo, full account number including suffix and account holder name* |

FMHS 2019/20 Summer Research Scholarships

Application form guidance notes

**Applicant details**

* **Student Id number:** Please include for University of Auckland students only.
* **Email address/Phone number:** Please include your contact email address & phone number for correspondence with regards to your application & notification of results in October.
* **Degree & stage currently enrolled:** Please include the degree programme & year of study you are currently enrolled e.g. Bachelor Health Sciences 2019 – Year 2 or MBCHB Year 3.
* **University/Institute:** Please include the University/Institute where you are currently enrolled e.g. University of Auckland or University of New South Wales, Australia.
* **Grade point average:** Please indicate your current average -this will be supported by inclusion of your academic record.

**Project details**

* **Supervisor name/departments:** Please include all supervisors and if more than 1 please highlight the primary supervisor & main host department in bold.
* **Proposed start date:** Please indicate a proposed start date for the scholarship in November/December 2019. Ideally the project will start in the first week of December 2019 and go for 10 weeks (not including two close-out over Christmas. Eg: 03/12/19 – 22/02/20
* **Project category:** Please select the relevant discipline of the project as directed by the supervisor. This will be used to monitor application numbers and will be the category your final report is submitted under if nominated for a Wallath prize.

**Project outline & timeline – 1 page limit**

* Give a brief outline of the experimental design and methodology and proposed timeline of work over the 10 week scholarshipperiod*.*

**Project outcomes – half a page limit**

* Please briefly include details of the anticipated outcomes, including targeted outputs of the research project, and also more general points such as skills development/experience gained.
* For supervisors please briefly indicate how the project will contribute to your wider research programme.
* For students please also include any current plans for postgraduate study (e.g. Hons, Masters Courses) & future involvement in research.

**Other relevant information – half a page limit**

* Please include full details (Project title, supervisor, year, host University/organisation) of any previous Summer Scholarships held by the applicant.
* Include any other information you feel would support your application, including skills relevant to the project, and previous academic awards.

**Signatures**

* **Supervisor:** Please obtain signature, either original or electronic. Signatory approves the submission of the application.
* **Head of Department:** Please obtain signature, either original or electronic. Signatory approves that the department are able to host the student.

**Academic Record**

Students must include a current copy of their academic record/transcript to date:

* For University of Auckland students please print out an ‘unofficial transcript’ from [Student Services Online](http://www.studentservices.auckland.ac.nz/en.html) or request one from the [Student Centre](https://www.fmhs.auckland.ac.nz/en/faculty/about/student-support-services/student-centre.html).
* For non-University of Auckland students please submit a copy verified by your University/Institute.

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Submission instructions

* Combine the **completed & signed application form** along with the copy of your **current academic transcript** and a **screen print of your bank account details** which includes – Bank name, bank logo, your name and your bank account details including suffix into **one PDF document**. **If obtained original signatures please scan in the signature page only and collate within your final PDF document.**
* Please delete these guidance pages from your final submission document.
* Please title the document in the following format:

**Student name - SRS2019**

* Submit your application to [healthresearch@auckland.ac.nz](mailto:healthresearch@auckland.ac.nz)  with the subject line of your email in the following format:

**FMHS Summer Scholarship Application – Student name – Project category.**

Please direct any queries to Barbara-Ann Bradley ([healthresearch@auckland.ac.nz](mailto:healthresearch@auckland.ac.nz))