

## BBDC GRADUATE STUDENTSHIPS APPLICATION 2024/2025

**Submit one application to be considered for all four awards:** BBDC-Novo Nordisk Studentships, BBDC-University Health Network Graduate Awards, Tamarack Graduate Awards, and Yow Kam-Yuen Graduate Scholarship.

**Master's Students:** To be eligible, the student must be completing between zero and 12 months of full-time studies in a master's program as of April 30, 2024. Students who will have completed 12 months of a master's program by April 30 and plan to transfer to a PhD program by September 1, 2024 are eligible to apply. (Students who will have completed more than 12 months by April 30 and are not planning to transfer to a PhD program are not eligible.)

**PhD Students (Direct Entry and PhD Transfer):** To be eligible to apply, the student must be completing between zero and 48 months of full-time graduate studies as of April 30, 2024. This includes time spent in a master's program.

### APPLICATION SUBMISSION INSTRUCTIONS

To avoid problems filling in this form, use Adobe Acrobat. Acrobat Reader can also be used but has limited functions.

Format: Text size throughout this application must not be smaller than 11-point font, Helvetica or similar.

Email a completed BBDC Graduate Studentship application form, transcript(s), and completed OSOTF Financial Needs Assessment form to [diabetes.bbdcc@utoronto.ca](mailto:diabetes.bbdcc@utoronto.ca).

1. **The application form and transcript(s) should be emailed as one combined PDF document.** Do not add security features to the PDF document such as password protection. The document should not exceed 10 MB in size.

Transcript(s):

New Master's or PhD students (commencing this May or September): Include transcript of undergraduate degree program.

Current Master's or PhD students: Include transcript of undergraduate degree program and of current degree program.

A scanned copy of an official transcript is acceptable. Both sides of the transcript should be scanned. An unofficial transcript downloaded from the institution's website, or screenshots from the institution's website, are also acceptable.

2. **In the same email, attach a completed OSOTF Financial Needs Assessment Form signed by the student.** The form is available [here](#).

**Items to be emailed separately:**

- A. **One reference letter from the proposed supervisor.** Letter should be emailed by the proposed supervisor directly to the BBDC at [diabetes.bbdcc@utoronto.ca](mailto:diabetes.bbdcc@utoronto.ca). Do not add security features to the letter such as PDF password protection.
- B. **One reference letter from an individual other than the proposed supervisor.** The letter may be written by the co-supervisor. The letter should be emailed by the referee directly to the BBDC at [diabetes.bbdcc@utoronto.ca](mailto:diabetes.bbdcc@utoronto.ca). Do not add security features to the letter such as PDF password protection.

No other attachments will be accepted such as additional reference letters, abstracts, publications, etc.

### Application Deadline

**Applications and reference letters must be received by 4 p.m., April 2, 2024.** Late or incomplete applications will not be considered. The BBDC will confirm all applications received by email. If you do not receive confirmation of application receipt, please send a separate email requesting confirmation.

### Inquiries

Rose LaBarbera

Phone: (416) 978-4656

Email: [diabetes.bbdcc@utoronto.ca](mailto:diabetes.bbdcc@utoronto.ca)

**BANTING & BEST DIABETES CENTRE, FACULTY OF MEDICINE, UNIVERSITY OF TORONTO  
GRADUATE STUDENTSHIPS APPLICATION FORM 2024/2025**

<b>Student's Last Name:</b>	<b>Student's First Name:</b>
<b>Student's Mailing Address:</b>	<b>Student's Phone (Home or Cell):</b>
	<b>Student's Email:</b>
<b>U of T Student #:</b>	
<b>Citizenship:</b> ▪ <b>Canadian</b> ▪ <b>Permanent Resident</b> ▪ <b>Protected Person</b>	
<b>Student's U of T Graduate Department and Faculty:</b>	
<b>Name and Email Address of Graduate Administrator:</b>	
<b>Location of Research</b> (include on or off campus building name and address):	
<b>Start Date of Graduate Studies</b> (month and year):	
<b>Current Degree Program</b> (or applied to if student has not commenced graduate studies):    ▪ <b>Master's</b> ▪ <b>PhD</b>	
<input type="checkbox"/> <b>Check this box if the applicant is currently a Master's student and has applied to transfer to a PhD program.</b>	
<b>Student's Status <u>as of April 30, 2024</u>:</b>	
<input type="checkbox"/> <b>A. Student will be completing zero to 12 months of Master's or "Direct Entry" PhD graduate studies.</b>	
<input type="checkbox"/> <b>B. Student will be completing 13 to 24 months of graduate studies. (Applies to current "Direct Entry" PhD students, and Master's students who transferred or plan to transfer to a PhD program by September 2024.)</b>	
<input type="checkbox"/> <b>C1. Student will be completing 25 to 36 months of graduate studies. (Applies to current "Direct Entry" PhD students, and Master's students who transferred to a PhD program.)</b>	
<input type="checkbox"/> <b>C2. Student received a Master's degree and will be completing 0 to 12 months of a PhD program.</b>	
<input type="checkbox"/> <b>D1. Student will be completing 36 to 48 months of graduate studies. (Applies to current "Direct Entry" PhD students, and Master's students who transferred to a PhD program)</b>	
<input type="checkbox"/> <b>D2. Student received a Master's degree and will be completing 13 or more months of a PhD program</b>	
<b>Primary Supervisor's Name:</b>	<b>Co-supervisor's Name (if applicable):</b>
<b>Primary Supervisor's Address:</b>	<b>Primary Supervisor's Phone #:</b>
	<b>Primary Supervisor's Email:</b>
<b>Title of Research:</b>	

**DESCRIPTION OF STUDENT'S RESEARCH PROJECT**

**Include rationale, hypothesis, objective(s), approach and research plan.** (Do not exceed this page. Figures and references may be included on page 3 of this application form.)

## FIGURES AND REFERENCES FOR RESEARCH PROJECT

Use this page for figures and references only. (Do not exceed this page.)

**RESEARCH PROGRESS TO DATE**

This section to be completed by students who have completed 12 or more months of graduate studies at the time of application submission. Briefly describe the research progress and methods that have been tried to date.

**RELEVANCE TO DIABETES**

**Explain how this project is directly relevant to diabetes.** Do not exceed this space. (This funding program supports original discovery-based fundamental or clinical research in diabetes that would be published in peer-reviewed scientific journals. Research proposals can include any aspect of laboratory, animal, human, or clinical or health services research. Areas of research which are considered relevant to diabetes include the pathogenesis of diabetes or its complications, homeostatic or pathological pancreatic islet function, or metabolism, pharmacological mechanisms of drug or hormone action, biochemical or molecular aspects of biological or pathological processes, or research in population health or health services.)

## **AWARDS AND ACCOMPLISHMENTS**

**List past and current awards held, honours, prizes and accomplishments of the student relevant to this application. (Do not exceed this page.)**

## **PUBLICATIONS AND ABSTRACTS**

**List the student's scientific papers. Separate and identify each according to the categories below. Include order of authorship. (Do not exceed this page.)**

- A. Papers in peer reviewed journals (published or accepted only). Include the impact factor of the journal.**
- B. Abstracts (specify whether oral or poster presentations)**

**THIS SECTION TO BE COMPLETED BY PROPOSED SUPERVISOR****FUNDS CURRENTLY HELD**

Complete the sections below OR insert a similar page from a current Canadian Common CV or University of Toronto Web CV after this page. (Do not include funds previously held or funds applied for.) List all sources of research support currently held as a principal applicant or as a co-applicant (e.g., funding organizations, industry and academic institutions). Do not include salary support. Additional pages may be added if necessary.

Title of Proposal		
Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)

Title of Proposal		
Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)

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Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)



**THIS SECTION TO BE COMPLETED BY PROPOSED SUPERVISOR****SUPERVISORY EXPERIENCE**

Complete the table below OR insert a similar page from a current Canadian Common CV or University of Toronto Web CV after this page. List trainees that you have supervised/co-supervised (and are currently supervising/co-supervising) within the last five (5) years. Additional pages may be added if necessary.

\* Flag those where you were/are the primary supervisor.

*	Name of Trainee	Program Type	Dates		Degree Received or Expected	Year Degree Received (YYYY)	Research Project (short title)	Current Position and Institution
			From (MM/YYYY)	To (MM/YYYY)				

**THIS SECTION TO BE COMPLETED BY PROPOSED SUPERVISOR**

List the full names of collaborators on this research project.

In the space below, list the name and institution of one individual (other than the primary supervisor) whom the student has asked to email a reference letter. This letter may be written by the co-supervisor. Letter should be emailed by the referee directly to the BBDC at [diabetes.bbdc@utoronto.ca](mailto:diabetes.bbdc@utoronto.ca).

**SIGNATURES** (Digital signatures are acceptable)

Student's Declaration:

I have reviewed the terms and conditions and agree to abide by the regulations governing this award, if granted. I certify that all the information provided in this application is true and complete in every respect.

Primary Supervisor's Declaration:

I declare that I have sufficient operating funds available to support the student's research for the duration of their studentship.

Student's Name:

Primary Supervisor's Name:

Student's Signature:

Primary Supervisor's Signature:

Date:

Date: